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PENNSYLVANIA BULLETIN

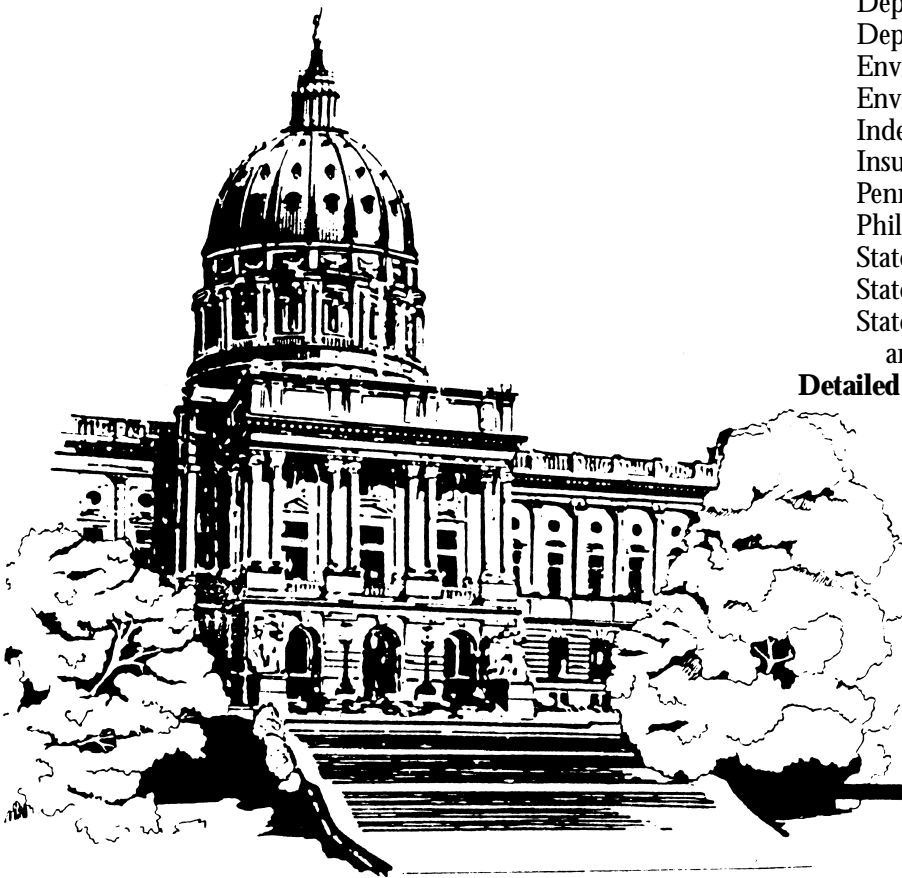
See Part II page 491
for the Department of
Health's regulations concerning
Reporting of Communicable
and Noncommunicable Diseases

Volume 32
Saturday, January 26, 2002 • Harrisburg, Pa.
Number 4
Pages 415—540

Agencies in this issue:

The General Assembly
The Courts
Department of Agriculture
Department of Banking
Department of Environmental Protection
Department of General Services
Department of Health
Department of Labor and Industry
Department of Public Welfare
Department of Transportation
Environmental Hearing Board
Environmental Quality Board
Independent Regulatory Review Commission
Insurance Department
Pennsylvania Public Utility Commission
Philadelphia Regional Port Authority
State Board of Funeral Directors
State Board of Psychology
State Board of Vehicle Manufacturers, Dealers
and Salespersons

Detailed list of contents appears inside.



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**Latest Pennsylvania Code Reporter
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No. 326, January 2002

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READER'S GUIDE TO THE PENNSYLVANIA BULLETIN AND PENNSYLVANIA CODE

Pennsylvania Bulletin

The *Pennsylvania Bulletin* is the official gazette of the Commonwealth of Pennsylvania. It is published every week and includes a table of contents. A cumulative subject matter index is published quarterly.

The *Pennsylvania Bulletin* serves several purposes. First, it is the temporary supplement to the *Pennsylvania Code*, which is the official codification of agency rules and regulations and other statutorily authorized documents. Changes in the codified text, whether by adoption, amendment, repeal or emergency action must be published in the *Pennsylvania Bulletin*. Further, agencies proposing changes to the codified text do so in the *Pennsylvania Bulletin*.

Second, the *Pennsylvania Bulletin* also publishes: Governor's Executive Orders; State Contract Notices; Summaries of Enacted Statutes; Statewide and Local Court Rules; Attorney General Opinions; Motor Carrier Applications before the Public Utility Commission; Applications and Actions before the Department of Environmental Protection; Orders of the Independent Regulatory Review Commission; and other documents authorized by law.

The text of certain documents published in the *Pennsylvania Bulletin* is the only valid and enforceable text. Courts are required to take judicial notice of the *Pennsylvania Bulletin*.

Adoption, Amendment or Repeal of Regulations

Generally an agency wishing to adopt, amend or repeal regulations must first publish in the *Pennsylvania Bulletin* a Notice of Proposed Rulemaking. There are limited instances where the agency may omit the proposal step; they still must publish the adopted version.

The Notice of Proposed Rulemaking contains the full text of the change, the agency contact person, a fiscal note required by law and background for the action.

The agency then allows sufficient time for public comment before taking final action. An adopted proposal must be published in the *Pennsylvania*

Bulletin before it can take effect. If the agency wishes to adopt changes to the Notice of Proposed Rulemaking to enlarge the scope, they must re-propose.

Citation to the *Pennsylvania Bulletin*

Cite material in the *Pennsylvania Bulletin* by volume number and page number. Example: Volume 1, *Pennsylvania Bulletin*, page 801 (short form: 1 Pa.B. 801).

Pennsylvania Code

The *Pennsylvania Code* is the official codification of rules and regulations issued by Commonwealth agencies and other statutorily authorized documents. The *Pennsylvania Bulletin* is the temporary supplement to the *Pennsylvania Code*, printing changes as soon as they occur. These changes are then permanently codified by the *Pennsylvania Code Reporter*, a monthly, loose-leaf supplement.

The *Pennsylvania Code* is cited by title number and section number. Example: Title 10 *Pennsylvania Code*, § 1.1 (short form: 10 Pa.Code § 1.1).

Under the *Pennsylvania Code* codification system, each regulation is assigned a unique number by title and section. Titles roughly parallel the organization of Commonwealth government. Title 1 *Pennsylvania Code* lists every agency and its corresponding *Code* title location.

How to Find Documents

Search for your area of interest in the *Pennsylvania Code*.

The *Pennsylvania Code* contains, as Finding Aids, subject indexes for the complete *Code* and for each individual title, a list of Statutes Used As Authority for Adopting Rules and a list of annotated cases. Source Notes give you the history of the documents. To see if there have been recent changes, not yet codified, check the List of *Pennsylvania Code* Chapters Affected in the most recent issue of the *Pennsylvania Bulletin*.

The *Pennsylvania Bulletin* also publishes a quarterly List of Pennsylvania Code Sections Affected which lists the regulations in numerical order, followed by the citation to the *Pennsylvania Bulletin* in which the change occurred.

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Printing Format

Material proposed to be added to an existing rule or regulation is printed in **bold face** and material proposed to be deleted from such a rule or regulation is enclosed in brackets [] and printed in **bold face**. Asterisks indicate ellipsis of *Pennsylvania Code* text retained without change. Proposed new or additional regulations are printed in ordinary style face.

Fiscal Notes

Section 612 of The Administrative Code of 1929 (71 P. S. § 232) requires that the Office of Budget prepare a fiscal note for regulatory actions and administrative procedures of the administrative departments, boards, commissions or authorities receiving money from the State Treasury stating whether the proposed action or procedure causes a loss of revenue or an increase in the cost of programs for the Commonwealth or its political subdivisions; that the fiscal note be published in the *Pennsylvania Bulletin* at the same time as the proposed change is advertised; and that the fiscal note shall provide the following information: (1) the designation of the fund out of which the appropriation providing for expenditures under the action or procedure shall be made; (2) the probable cost for the fiscal year the program is implemented; (3) projected cost estimate of the program for each of the five succeeding fiscal years; (4) fiscal history of the program for which expenditures are to be made; (5) probable loss of revenue for the fiscal year of its implementation; (6) projected loss of revenue from the program for each of the five succeeding fiscal years; (7) line item, if any, of the General Appropriation Act or other appropriation act out of which expenditures or losses of Commonwealth funds shall occur as a result of the action or procedures; (8) recommendation, if any, of the Secretary of the Budget and the reasons therefor.

The required information is published in the foregoing order immediately following the proposed change to which it relates; the omission of an item indicates that the agency text of the fiscal note states that there is no information available with respect thereto. In items (3) and (6) information is set forth for the first through fifth fiscal years; in that order, following the year the program is implemented, which is stated. In item (4) information is set forth for the current and two immediately preceding years, in that order. In item (8) the recommendation, if any, made by the Secretary of Budget is published with the fiscal note. See 4 Pa. Code § 7.231 *et seq.* Where “no fiscal impact” is published, the statement means no additional cost or revenue loss to the Commonwealth or its local political subdivision is intended.

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List of Pa. Code Chapters Affected

The following numerical guide is a list of the chapters of each title of the *Pennsylvania Code* affected by documents published in the *Pennsylvania Bulletin* during 2002.

4 Pa. Code (Administration)

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9 255

7 Pa. Code (Agriculture)

Proposed Rulemaking

21 66

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4 17

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96 428

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41 424

55 Pa. Code (Public Welfare)

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61 Pa. Code (Revenue)

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201 Pa. Code (Rules of Judicial Administration)

Proposed Rulemaking

19 245

231 Pa. Code (Rules of Civil Procedure)

Proposed Rulemaking

200 245, 247

Part III 311

249 Pa. Code (Philadelphia Rules)

Unclassified 422

255 Pa. Code (Local Court Rules)

Unclassified 9, 10, 11, 13, 14, 248, 312,
313, 314, 315

THE GENERAL ASSEMBLY

Recent Actions During the 2002 Regular Session of the General Assembly

The following is a summary of recent actions of the General Assembly during 2002 Regular Session.

2002 GENERAL ACTS ENACTED—ACT 001 through 002

<i>Doc. No.</i>	<i>Date of Action</i>	<i>Bill Number</i>	<i>Printer's Number</i>	<i>Effective Date</i>	<i>Subject Matter</i>
001	Jan 7	SB1200	PN1645	immediately*	Congressional districts—reapportionment and nomination and election of Congressmen, etc.
002	Jan 11	HB1219	PN3066	90 days	Pennsylvania Municipalities Planning Code—omnibus amendments

* with exceptions

Effective Dates of Statutes

The effective dates specified above for laws and appropriation acts were contained in the applicable law or appropriation act. Where no date is specified or where the effective date specified is prior to the date of enactment, the effective date is 60 days after final enactment except for statutes making appropriations or affecting budgets of political subdivisions. See 1 Pa.C.S. §§ 1701—1704 (relating to effective dates of statutes).

Advance Copies of Statutes

Section 1106 of Title 1 of the *Pennsylvania Consolidated Statutes* provides that the prothonotaries of each county shall file advance copies of statutes in their offices for public inspection until the Laws of Pennsylvania are generally available. Section 2406(h) of The Administrative Code of 1929 provides that the Department of General Services shall distribute advance sheets of the Laws of Pennsylvania to each law judge of the courts, to every county and public library of this Commonwealth and to each member of the General Assembly. These copies shall be furnished without charge. The Department shall also mail one copy of each law enacted during any legislative session to any person who pays to it the sum of \$20.

Requests for annual subscriptions for advance copies of statutes should be sent to the State Bookstore, State Records Center Building, 1825 Stanley Drive, Harrisburg, PA 17103, accompanied by a check or money order in the sum of \$20, payable to the "Commonwealth of Pennsylvania."

CARL L. MEASE,
Director
Legislative Reference Bureau

[Pa.B. Doc. No. 02-133. Filed for public inspection January 25, 2002, 9:00 a.m.]

THE COURTS

Title 249—PHILADELPHIA RULES

PHILADELPHIA COUNTY

Deferment of Reliance Insurance Company Cases by Reason of Order of Liquidation; Administra- tive Doc. 01 of 2002

Order

And Now, this 9th day of January, 2002, upon consideration of the Order entered by the Commonwealth Court of Pennsylvania dated December 28, 2001, pursuant to the Petition of the Pennsylvania Property and Casualty Insurance Guarantor Association, it is hereby *Ordered* and *Decreed* that all cases currently pending against an insured of Reliance Insurance Company are deferred for an additional thirty (30) days from January 2, 2002 through February 1, 2002.

By the Court

JOHN W. HERRON,
Administrative Judge

This Administrative Docket is promulgated in accordance with the April 11, 1986 Order of the Supreme Court of Pennsylvania, Eastern District, No. 55, Judicial Administration, Docket No. 1, Phila. Civ. ★51 and Pa.R.C.P. 239, and shall become effective immediately. As required by Pa.R.C.P. 239, the original Administrative Docket shall be filed with the Prothonotary in a docket maintained for Administrative Dockets issued by the Administrative Judge of the Trial Division and copies shall be submitted to the Administrative Office of Pennsylvania Courts, the Legislative Reference Bureau and the Civil Procedural Rules Committee. Copies of the Administrative Docket shall also be submitted to American Lawyer Media, *The Legal Intelligencer*, Jenkins Memorial Law Library and the Law Library for the First Judicial District. The Administrative Docket is also available on the Court's web site at <http://courts.phila.gov>.

[Pa.B. Doc. No. 02-134. Filed for public inspection January 25, 2002, 9:00 a.m.]

RULES AND REGULATIONS

Title 49—PROFESSIONAL AND VOCATIONAL STANDARDS

STATE BOARD OF FUNERAL DIRECTORS

[49 PA. CODE CH. 13]

Application Fees

The State Board of Funeral Directors (Board) adopts an amendment to § 13.12 (relating to fees) to read as set forth in Annex A.

Notice of proposed rulemaking was published at 31 Pa.B. 1468 (March 17, 2001). Publication was followed by a 30-day public comment period during which the Board received no comments from the general public. Following the close of the public comment period, the Board received comments from the Independent Regulatory Review Commission (IRRC) and from the House Professional Licensure Committee (HPLC). The Senate Consumer Protection and Professional Licensure Committee (SCP/PLC) did not comment.

Effective Date

This final-form rulemaking will be effective upon publication in the *Pennsylvania Bulletin*.

Statutory Authority

This final-form rulemaking is authorized under section 18.1 of the Funeral Director Law (act) (63 P. S. § 479.18.1).

Response to HPLC and IRRC Comments

The HPLC and IRRC both commented that the proposed amendment did not list a fee for "preceptor registration or change," though this service and its cost are included in the supporting materials provided by the Board. The Board has not previously charged a fee for this service. In light of the analysis performed to support this nonrenewal fee package, the Board intended to begin charging this fee. The omission of this fee from the proposed rulemaking was an inadvertent oversight. The Board has added the fee for "initial registration as preceptor or change" as set forth in Annex A.

Additionally, both the HPLC and IRRC commented that the service "address change without inspection" should be clarified, because the fee is also charged for other services. The Board has renamed the former "address change without reinspection" as "change director or name on existing license without reinspection."

Compliance with Executive Order 1996-1

The Board reviewed the final-form rulemaking and considered its purpose and likely impact upon the public and the regulated population under the directives of Executive Order 1996-1. The final-form amendment addresses a compelling public interest as described in this preamble and otherwise complies with Executive Order 1996-1.

Fiscal Impact and Paperwork Requirements

The final-form rulemaking will have no adverse fiscal impact on the Commonwealth or its political subdivisions. The fees will have a modest fiscal impact on those members of the private sector who apply for services from

the Board. The final-form rulemaking will impose no additional paperwork requirements upon the Commonwealth, political subdivisions or the private sector.

Sunset Date

The Board continuously monitors the cost effectiveness of its regulations. Therefore, no sunset date has been assigned.

Regulatory Review

Under section 5(a) of the Regulatory Review Act (71 P. S. § 745.5(a)), on January 26, 2001, the Board submitted a copy of the notice of proposed rulemaking published at 31 Pa.B. 1468 to IRRC and the Chairpersons of the HPLC and the SCP/PLC for review and comment.

In addition to submitting the proposed rulemaking, the Board has provided IRRC and the Committees with a copy of a detailed regulatory analysis form prepared by the Board in compliance with Executive Order 1996-1, "Regulatory Review and Promulgation." In preparing the final-form rulemaking, the Board has considered the comments received from IRRC and the Committees.

Under section 5.1(d) of the Regulatory Review Act (71 P. S. § 745.5a(d)), on December 11, 2001, the final-form rulemaking was approved by the HPLC. The final-form rulemaking was deemed approved by the SCP/PLC on December 17, 2001. Under section 5.1(e) of the Regulatory Review Act, IRRC met on December 20, 2001, and approved the final-form rulemaking.

Further Information

Individuals who need information about the final-form rulemaking may contact the Board Administrator, State Board of Funeral Directors, P. O. Box 2649, Harrisburg, PA 17105-2649, (717) 783-3397.

Findings

The Board finds that:

(1) Public notice of proposed rulemaking was given under sections 201 and 202 of the act of July 31, 1968 (P. L. 769, No. 240) (45 P. S. §§ 1201 and 1202) and the regulations promulgated thereunder in 1 Pa. Code §§ 7.1 and 7.2.

(2) A public comment period was provided as required by law and all comments were considered.

(3) The final-form rulemaking does not enlarge the purpose of the proposed rulemaking published at 31 Pa.B. 1468.

(4) The final-form rulemaking is necessary and appropriate for administration and enforcement of the Board's authorizing statute.

Order

The Board, acting under its authorizing statutes, orders that:

(1) The regulations of the Board, 49 Pa. Code Chapter 13, are amended by amending § 13.12 to read as set forth in Annex A.

(2) The Board shall submit this order and Annex A to the Office of Attorney General and the Office of General Counsel for approval as required by law.

(3) The Board shall certify this order and Annex A and shall deposit them with the Legislative Reference Bureau as required by law.

(4) The amendment shall take effect immediately upon publication in the *Pennsylvania Bulletin*.

JAMES O. PINKERTON, FD,
Chairperson

(*Editor's Note:* For the text of the order of the Independent Regulatory Review Commission, relating to this document, see 32 Pa.B. 123 (January 5, 2002).)

Fiscal Note: Fiscal Note 16A-482 remains valid for the final adoption of the subject regulation.

Annex A

TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS

PART I. DEPARTMENT OF STATE

Subpart A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS

CHAPTER 13. STATE BOARD OF FUNERAL DIRECTORS LICENSURE

§ 13.12. Fees.

Following is the schedule of fees charged by the Board:

Initial registration for student trainee.....	\$25
Annual registration for student trainee.....	\$15
Initial registration for resident intern.....	\$25
Initial registration for preceptor or change	\$25
Initial license for funeral director.....	\$25
Initial license for restricted business corporation, professional corporation, partnership or shared funeral establishment.....	\$150
Initial license for estate or widow, sole proprietorship or branch office.....	\$125
Initial registration for supervisor	\$25
Change director or name on existing license without reinspection	\$35
Address change with inspection.....	\$125
Reinspection after failure.....	\$85
Certification.....	\$25
Verification of licensure or registration.....	\$15
Biennial renewal	\$130

[Pa.B. Doc. No. 02-135. Filed for public inspection January 25, 2002, 9:00 a.m.]

STATE BOARD OF PSYCHOLOGY

[49 PA. CODE CH. 41]

Examination Fees

The State Board of Psychology (Board) amends Chapter 41 (relating to State Board of Psychology) to read as set forth in Annex A.

Summary

This final-form rulemaking deletes references to examination fees. Specifically, the regulation deletes references to the National portion of the examination, the State portion of the examination and the administrative fee. Third-party testing organizations develop and administer the examinations. The fees for these services are established by contract. The examiners communicate directly with the applicants. The applicants pay the examination

fees directly to the examiners. Thus, to avoid the necessity of amending its regulations whenever the examination administrators might change the fees, the Board has deleted all references to examination fees except reapplication fees.

Statutory Authority

The amendments are authorized under section 812.1 of The Administrative Code of 1929 (71 P. S. § 279.3a) and section 3.3 of the Professional Psychologists Practice Act (63 P. S. § 1203.3).

Response to Comments

Notice of proposed rulemaking was published at 31 Pa. B. 2380 (May 5, 2001). Publication was followed by a 30-day public comment period during which the Board received no public comments. Following the close of the public comment period, the Board received comments from the Independent Regulatory Review Commission (IRRC). The Board did not receive any comments from the House Professional Licensure Committee (HPLC) or the Senate Consumer Protection and Professional Licensure Committee (SCP/PLC). The final-form rulemaking is in response to the comments and suggestions made by IRRC.

IRRC recommended that the Board delete all references to examination fees in §§ 41.11(a)(4), 41.31(a)(1) and (2) and (b) and 41.42(a) and (b). The Board concurs with this recommendation and has amended §§ 41.11(a)(4), 41.31(a)(1) and 41.42(a) and (b).

The Board has not amended § 41.31(a)(2) and (b) since the elimination of the examination fees does not change the Board's review process. The Board still determines eligibility to sit for the examinations.

Upon request, applicants receive two applications from the Board. The first application seeks the applicant's education and supervision information. This is sent directly to the Board. Once the Board has determined that the applicant has the requisite education and experience, the Board sends a list of approved applicants to the provider of the National examination. The examiner then sends the applicant the scheduling forms. The applicant completes the form and mails it with the examination fee to the National examination provider.

The second application the applicant obtains from the Board is to take the State examination. The applicant sends it, with the examination fee, directly to the State examination contractor.

Section 41.42(a) and (b) is amended to clarify that applicants who are subject to reexamination are required to pay a reapplication fee to the Board, for the costs incurred in reviewing the application.

Compliance with Executive Order 1996-1, Regulatory Review and Promulgation

The Board reviewed this rulemaking and considered its purpose and likely impact on the public and the regulated population under the directives of Executive Order 1996-1.

Fiscal Impact and Paperwork Requirements

The amendments will have no adverse fiscal impact or paperwork requirements on the Board, licensees, the Commonwealth, its political subdivisions or the public sector.

Sunset Date

The Board continually monitors the effectiveness of its regulations through communication with the regulated population; accordingly, no sunset date has been set.

Regulatory Review

Under section 5(a) of the Regulatory Review Act (71 P. S. § 745.5(a)), on May 5, 2001, the Board submitted copies of the notice of proposed rulemaking, published at 31 Pa. B. 2380 to IRRC, the SCP/PLC and the HPLC for review and comment.

In compliance with section 5(c) of the Regulatory Review Act, the Board also provided IRRC, the SCP/PLC and the HPLC with copies of comments received as well as other documents. In preparing the final-form regulations, the Board has considered the comments received from IRRC, the SCP/PLC, the HPLC and the public.

Under section 5.1(d) of the Regulatory Review Act (71 P. S. § 745.5a(d)), these final-form regulations were deemed approved by the HPLC on December 11, 2001, and deemed approved by the SCP/PLC on December 17, 2001. Under section 5.1(e) of the Regulatory Review Act, IRRC met on December 20, 2001, and approved the final-form regulations.

Contact Person

Further information may be obtained by contacting Christina Stuckey, Administrative Assistant, State Board of Psychology, P. O. Box 2649, Harrisburg, PA 17105-2649, (717) 783-7155.

Findings

The Board finds that:

(1) Public notice of proposed rulemaking was given under sections 201 and 202 of the act of July 31, 1968 (P. L. 769, No. 240) (45 P. S. §§ 1201 and 1202) and the regulations promulgated thereunder, 1 Pa. Code §§ 7.1 and 7.2.

(2) A public comment period was provided as required by law and all comments were considered.

(3) These amendments do not enlarge the purpose of proposed rulemaking published at 31 Pa.B. 2380.

(4) These amendments are necessary and appropriate for administering and enforcing the authorizing acts identified in Part B of this Preamble.

Order

The Board, acting under its authorizing statutes, orders that:

(a) The regulations of the Board, 49 Pa. Code Chapter 41, are amended by amending §§ 41.11, 41.12, 41.31 and 41.32 to read as set forth in Annex A, with ellipses referring to the existing text of the regulations.

(b) The Board shall submit this order and Annex A to the Office of General Counsel and the Office of Attorney General as required by law.

(c) The Board shall certify this order and Annex A and deposit them with the Legislative Reference Bureau as required by law.

(d) This order shall take effect upon publication in the *Pennsylvania Bulletin*.

ALEX M. SIEGEL, J.D., Ph.D.,
Chairperson

(*Editor's Note:* For the text of the order of the Independent Regulatory Review Commission relating to this document, see 32 Pa.B. 123 (January 5, 2002).)

Fiscal Note: Fiscal Note 16A-6311 remains valid for the final adoption of the subject regulations.

Annex A

TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS

PART I. DEPARTMENT OF STATE

Subpart A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS

CHAPTER 41. STATE BOARD OF PSYCHOLOGY LICENSES

§ 41.11. Licenses.

(a) To be considered for admission to the examination provided in the act, an applicant shall first file with the Board or its designee:

(1) A completed, notarized application form and the application fee.

(2) Official transcripts of graduate work from an accredited college or university.

(3) Supervisory rating forms validating the applicant's qualifying experience.

(4) Other forms or materials requested by the Board.

(b) An applicant who has demonstrated compliance with the education and experience requirements of the act and of §§ 41.31 and 41.32 (relating to qualifications for taking licensing examination; and standards for supervisors), who has completed the procedures in subsection (a), who has passed the examination provided for in the act and who has satisfied the other qualifications for licensure set out in the act shall be granted a license by the Board. Only the holder of a current license shall have the right and privilege of using the title "psychologist" and of practicing psychology. Other professionals may, however, use official titles and engage in the practice of psychology or do work of a psychological nature insofar as they are excepted from licensure by applicable provisions under section 3 of the act (63 P. S. § 1203).

(c) Each licensee is issued a wall certificate indicating initial licensure and a registration packet including a biennial renewal certificate and a wallet-size license card, both of which show the expiration date of the license. Licenses expire on November 30 of each odd-numbered year, regardless of the date of issuance.

(d) Licenses are renewable for a 2-year period beginning December 1 of each odd-numbered year. The fee for biennial renewal is set by the Board. See § 41.12 (relating to fees). Late fees as prescribed by the Bureau of Professional and Occupational Affairs Fee Act (63 P. S. §§ 1401-101—1401-501) shall be added to the renewal fees of licensees who do not submit their renewal applications by December 1 of the year of expiration of their licenses. Upon renewing their licenses, licensees receive new biennial renewal certificates and wallet-size license cards which show the next expiration date of the license. These documents are the only evidence of valid, current licensure.

(e) Fees as prescribed by the Bureau of Professional and Occupational Affairs Fee Act shall be charged for duplicate wall certificates and biennial renewal documents. Duplicates will be issued only upon submission by the licensee of a notarized statement specifying that the

original has been lost or destroyed and stating that the duplicate will be returned if the original is recovered.

§ 41.12. Fees.

The schedule of fees charged by the Board is as follows:

Initial application fee	\$105
Reapplication fee—first time examination failure ..	\$20
Reapplication fee—subsequent examination failure.	\$90
Certification fee	\$25
Verification fee	\$15
Biennial renewal fee	\$120
Application fee—continuing education sponsor/ provider approval	\$165
Fictitious/corporate name registration	\$80

QUALIFICATIONS

§ 41.31. Qualifications for taking licensing examination.

(a) *Administrative procedures.*

(1) Applications to take the licensing examination and instructions for applicants, including deadlines for filing, may be secured from the Board. If an applicant, without reasons satisfactory to the Board, fails to report for both the first examination and the one subsequent to it, the applicant's application will be considered to have been withdrawn. If the applicant wishes to take a future examination, a new application shall be submitted to the Board. The application will be reviewed on the basis of the law and regulations existing at the time.

* * * * *

EXAMINATIONS

§ 41.42. Reexamination.

(a) After first-time failure, candidates may take a second examination upon filing an updated application and paying the reapplication fee specified in § 41.12 (relating to fees), but only after the expiration of 6 months and within 2 years following the first examination date.

(b) After two unsuccessful examinations, applicants may reapply for admission to the licensing examination, but shall satisfy conditions prevailing at the time of the reapplication, including administrative, education and experience requirements. The Board will permit applicants to retake the examination after a second failure only within 2 years after a 12-month interval has elapsed. The applicant shall file the verification of experience form included in the application packet and shall pay the reapplication fee specified in § 41.12. After a third failure, applicants may retake the examination under the conditions in subsection (a).

(c) The applicant will be judged pass or fail on the basis of the standards prevailing at the time of reexamination.

(d) An applicant will not be permitted to sit for more than four examinations in any 8-year period.

[Pa.B. Doc. No. 02-136. Filed for public inspection January 25, 2002, 9:00 a.m.]

PROPOSED RULEMAKING

ENVIRONMENTAL QUALITY BOARD

[25 PA. CODE CH. 93]

Great Lakes Initiative

The Environmental Quality Board (Board) proposes to amend Chapter 93 (relating to water quality standards) to read as set forth in Annex A. The proposed amendment incorporates Federal requirements concerning prohibitions and phasing out of mixing zones for bioaccumulative chemicals of concern (BCCs) in waters of the Great Lakes System.

This proposal was adopted by Board order at its meeting of November 20, 2001.

A. *Effective Date*

This proposed amendment is effective upon publication in the *Pennsylvania Bulletin* as final-form rulemaking.

B. *Contact Persons*

For further information contact Edward R. Brezina, Chief, Division of Water Quality Assessment and Standards, Bureau of Water Supply and Wastewater Management, 11th Floor, Rachel Carson State Office Building, P. O. Box 8467, Harrisburg, PA 17105-8467, (717) 787-9637 or Michelle Moses, Assistant Counsel, Bureau of Regulatory Counsel, 9th Floor, Rachel Carson State Office Building, P. O. Box 8464, Harrisburg, PA 17105-8464, (717) 787-7060.

Information regarding submitting comments on this proposal appears in Section J of this Preamble. Persons with a disability may use the AT&T Relay Service by calling (800) 654-5984 (TDD users) or (800) 654-5988 (voice users) and request that the call be relayed. This proposal is available electronically through the Department of Environmental Protection's (Department) website (<http://www.dep.state.pa.us>).

C. *Statutory Authority*

This proposed amendment is made under the authority of sections 5(b)(l) and 402 of The Clean Streams Law (35 P. S. §§ 691.5(b)(l) and 691.402), which authorize the Board to develop and adopt rules and regulations to implement The Clean Streams Law, and section 1920-A of The Administrative Code of 1929 (71 P. S. § 510-20), which grants the Board the power and duty to formulate, adopt and promulgate rules and regulations for the proper performance of the work of the Department.

D. *Background and Purpose of the Amendment*

The purpose of this proposal is to revise existing water quality regulations in Chapter 93. The Great Lakes Initiative (GLI) requirements were promulgated in 40 CFR Part 132 (relating to water quality guidance for the Great Lakes System) at 60 FR 15366 (March 23, 1995) to provide for consistent protection of the Great Lakes System. The Commonwealth promulgated the regulations for waters in this Commonwealth which are in the Great Lakes System on December 27, 1997, and the Environmental Protection Agency (EPA) approved the regulations on March 17, 2000.

The EPA had promulgated a mixing zone provision as part of the regulation, but the provision was vacated by the United States Court of Appeals for the District of

Columbia Circuit in the case of *American Iron & Steel Institute v. EPA*, 115 F.3d 979 (D.C. Cir. 1997), and was remanded to the EPA for further consideration. In response to the Court's remand, the EPA published a proposal on October 4, 1999, to amend the guidance to reinstate the provision to prohibit mixing zones for BCCs (64 FR 53632). The EPA promulgated the final rule to amend Appendix F, Procedure 3.C of 40 CFR Part 132 to prohibit mixing zones for BCCs in the Great Lakes System, subject to certain exceptions for existing discharges, by publication at 65 FR 67638 (November 13, 2000). The proposed regulatory amendment to Chapter 93 provides consistency with the Federal guidance for the Great Lakes System by eliminating opportunity for the use of mixing areas for discharges of toxic and persistent chemicals known as BCCs. Examples of BCCs are mercury and dioxin. BCCs in the waters of the Great Lakes are not flushed from the system but build up for long periods of time, allowing aquatic organisms to accumulate and magnify the pollutants. Animals and humans who consume the fish are subject to increased loadings of these toxic pollutants. This proposed rulemaking eliminates the use of mixing areas in calculating allowable discharge limits for BCCs, thereby lessening loadings to the Great Lakes System.

For existing discharges to waters of the Great Lakes System, the regulation prohibits mixing zones for BCCs after November 15, 2010. New discharges of BCCs to waters of the Great Lakes System are subject to the mixing zone prohibition when the EPA approves the state's submission of these regulations. The three Great Lakes states, including this Commonwealth (the other two states are Ohio and New York), which did not include the BCC mixing zone provision in their regulation, are required to submit amended regulations for the EPA approval by May 13, 2002.

The Water Resources Advisory Committee supported the draft amendment at its October 18, 2001, meeting. No issues were raised during the discussion.

E. *Summary of Regulatory Revisions*

This proposed regulatory revision removes the exclusion of Appendix F, Procedure 3, Subpart C (relating to mixing zones for bioaccumulative chemicals of concern) contained in § 93.8a(j)(2) (relating to toxic substances) from the GLI requirements. This proposed amendment adds Subpart C of Procedure 3 to the other requirements that were incorporated by reference from the Federal regulation in the current regulation. The proposed amendment will make the Commonwealth's GLI as protective as the Federal requirement.

F. *Benefits, Costs, and Compliance*

Executive Order 1996-1 provides for a cost/benefit analysis of the proposed amendment.

Benefits

Overall, the citizens of this Commonwealth will benefit from the recommended change because it provides the appropriate level of protection of the waters in the Great Lakes System. The revision also assures compliance with the applicable Federal requirements.

Compliance Costs

The proposed amendment is not expected to impose any significant additional compliance costs on the regulated

community. No current NPDES permits provide for discharges of BCCs to the Great Lakes System in this Commonwealth. For this reason, no costs associated with phase out of mixing provisions need to be addressed. New discharges would have to meet the requirement when discharging commences, but there is no way of knowing if or when these discharges will be proposed.

Compliance Assistance Plan

The proposed amendment adds a requirement that, in practice, will only be applicable if there are new discharges of BCCs to waters of the Great Lakes System. The requirement is straightforward and will not require implementation guidance. Staff are available to assist regulated entities in complying with the regulatory requirements if any questions arise.

Paperwork Requirements

This proposed rulemaking should have no significant paperwork impact on the Commonwealth, its political subdivisions or the private sector.

G. Pollution Prevention

In keeping with Governor Schweiker's interest in encouraging pollution prevention solutions to environmental problems, this proposed amendment specifically provides for prevention of additional loadings of BCCs to the water environment by requiring that the addition of these substances be significantly limited, even beyond that necessary to meet water quality standards.

H. Sunset Review

This amendment will be reviewed in accordance with the sunset review schedule published by the Department to determine whether the regulation effectively fulfills the goals for which it was intended. In addition, water quality standards are required to be reviewed by the Department at least once every 3 years, with the results of the review to be submitted to the EPA.

I. Regulatory Review

Under section 5(a) of the Regulatory Review Act (71 P.S. § 745.5(a)), on January 11, 2002, the Department submitted a copy of the proposed rulemaking to the Independent Regulatory Review Commission (IRRC) and to the Chairpersons of the Senate and House Environmental Resources and Energy Committees. In addition to submitting the proposed amendment, the Department has provided IRRC and the Committees with a copy of a detailed regulatory analysis form prepared by the Department in compliance with Executive Order 1996-1, "Regulatory Review and Promulgation." A copy of this material is available to the public upon request.

Under section 5(g) of the Regulatory Review Act, if IRRC has objections to any portion of the proposed amendment, it will notify the Department within 10 days of the close of the Committees' review period. The notification shall specify the regulatory review criteria which have not been met by that portion to which an objection is made. The Regulatory Review Act specifies detailed procedures for review, prior to final publication of the amendment, by the Department, the Governor and the General Assembly.

J. Public Comments

Written Comments—Interested persons are invited to submit comments, suggestions or objections regarding the proposed amendment to the Environmental Quality Board, P. O. Box 8477, Harrisburg, PA 17105-8477 (express mail: Rachel Carson State Office Building, 15th Floor, 400 Market Street, Harrisburg, PA 17101-2301).

Comments submitted by facsimile will not be accepted. Comments, suggestions or objections must be received by the Board by March 12, 2002. Interested persons may also submit a summary of their comments to the Board. The summary may not exceed one page in length and must also be received by March 12, 2002. The one-page summary will be provided to each member of the Board in the agenda packet distributed prior to the meeting at which the final regulation will be considered.

Electronic Comments—Comments may be submitted electronically to the Board at RegComments@state.pa.us and must also be received by the Board by March 12, 2002. A subject heading of the proposal and a return name and address must be included in each transmission.

DAVID E. HESS,
Chairperson

Fiscal Note: 7-374. No fiscal impact; (8) recommends adoption.

Annex A

TITLE 25. ENVIRONMENTAL PROTECTION

PART I. DEPARTMENT OF ENVIRONMENTAL PROTECTION

Subpart C. PROTECTION OF NATURAL RESOURCES

ARTICLE II. WATER RESOURCES

CHAPTER 93. WATER QUALITY STANDARDS

§ 93.8a. Toxic substances.

* * * * *

(j) The requirements for discharges to and antidegradation requirements for the Great Lakes System are as follows[.]:

* * * * *

(2) *Total Maximum Daily Loads (TMDLs)*. TMDLs for Open Waters of the Great Lakes shall be derived following the procedures in 40 CFR Part 132, Appendix F, Procedure 3, Subpart D (relating to Great Lakes Water Quality Initiative implementation procedures), including all other subparts referenced in Subpart D[, **except Subpart C**].

[Pa.B. Doc. No. 02-137. Filed for public inspection January 25, 2002, 9:00 a.m.]

[25 PA. CODE CH. 96]

Water Quality Standards Implementation—Chloride and Sulfate

The Environmental Quality Board (Board) proposes to amend Chapter 96 (relating to water quality standards implementation) to read as set forth in Annex A. This proposed amendment clarifies the application of specific water quality criteria to surface waters in this Commonwealth.

This proposal was adopted by the Board at its meeting of November 20, 2001.

A. Effective Date

This proposed amendment is effective upon publication in the *Pennsylvania Bulletin* as final-form rulemaking.

B. Contact Persons

For further information contact Edward R. Brezina, Chief, Division of Water Quality Assessment and Standards, Bureau of Water Supply and Wastewater Management, 11th Floor, Rachel Carson State Office Building, P. O. Box 8467, Harrisburg, PA 17105-8467, (717) 787-9637 or Michelle Moses, Assistant Counsel, Bureau of Regulatory Counsel, 9th Floor, Rachel Carson State Office Building, P. O. Box 8464, Harrisburg, PA 17105-8464, (717) 787-7060.

Information regarding submitting comments on this proposal appears in Section J of this Preamble. Persons with a disability may use the AT&T Relay Service by calling (800) 654-5984 (TDD users) or (800) 654-5988 (voice users) and request that the call be relayed. This proposal is available electronically through the Department of Environmental Protection's (Department) website (<http://www.dep.state.pa.us>).

C. Statutory Authority

This proposed amendment is made under the authority of sections 5(b)(1) and 402 of The Clean Streams Law (35 P. S. §§ 691.5(b)(1) and 691.402), which authorize the Board to develop and adopt rules and regulations to implement The Clean Streams Law, and section 1920-A of The Administrative Code of 1929 (71 P. S. § 510-20), which grants the Board the power and duty to formulate, adopt and promulgate rules and regulations for the proper performance of the work of the Department.

D. Background and Purpose

The purpose of this proposal is to revise existing water quality regulations in Chapter 96. The water quality rulemaking under the Department's Regulatory Basics Initiative (RBI) and the Governor's Executive Order 1996-1 amended Chapter 93 (relating to water quality standards) and established Chapter 96 on November 13, 2000. The changes to Chapter 93 included deletion of § 93.7, Table 4 (relating to specific water quality criteria) and a clarification that all the specific criteria listed in § 93.7, Table 3 apply Statewide.

An inadvertent consequence of the restructuring of § 93.7 is the application of water quality based effluent limitations for the parameters sulfate and chloride in many situations when they were not applied under the prior version of these regulations. The criteria for sulfate and chloride are the same as the secondary maximum contaminant levels (SMCLs) of the drinking water program and are not a significant concern from a public health perspective, but are an aesthetic consideration. Historically, sulfate and chloride were not treated as Statewide parameters of concern and no environmental or public health concerns have been documented in this Commonwealth to support a change in this position. Under the proposed amendment, sulfate and chloride would be used to develop water quality-based effluent limits only in situations when there is potential for a downstream potable water supply to be negatively impacted by a discharge containing these contaminants.

The criteria for both chloride and sulfate date back to 1967, at which time the Sanitary Water Board (a predecessor of the Department) included them to prevent objectionable taste and odor in the water based on recommendations in the United States Public Health Service (US PHS) Drinking Water Standards of 1962. The US PHS recommended that chloride or sulfate should not exceed 250 mg/L in the water supply where other more suitable supplies were or could be made available. The limits were influenced primarily by considerations of

taste. The Environmental Protection Agency's (EPA) SMCLs under the Federal Safe Drinking Water Act, which became effective in 1979, are set at the same levels. The Commonwealth's drinking water program is required to and has adopted the Federal standards into Chapter 109 (relating to safe drinking water).

In 1985, Chapter 93 was amended to provide for an exception to the Statewide application of water quality criteria at all points instream after mixing for four parameters: total dissolved solids, fluoride, nitrite-nitrate and phenolics. The criteria for these substances are applicable at the point of all existing or planned surface potable water supply withdrawals, fully protecting the potable water supply use. That change made in 1985 is identical to the changes the Board is proposing for sulfate and chloride. No adverse impacts have been documented instream from those criteria that apply at the point of all existing or planned surface potable water supply withdrawals. On November 18, 2000, the RBI amendments moved the provision, without change, to § 96.3(d) (relating to water quality protection requirements).

The Board proposes to add the sulfate and chloride criteria to the exceptions in § 96.3(d). This change will provide the appropriate level of protection for the potable water supply use. The current scientific information supports this change because, as discussed in this Preamble, there are no adverse human health effects from the substances. Effluent limitations required for discharges of these substances are calculated using critical (or stringent) conditions that include a requirement that the criteria be met 99% of the time, even at the low flow condition known as Q_{7-10} (that is, the lowest 7-day consecutive flow in a 10-year period), a condition that is seldom reached, even in drought conditions. This provides an additional margin of safety built into the effluent limitations to protect the potable water supplies, prior to withdrawal. In addition, other surface water uses will be protected by application of other criteria listed in § 93.7.

Water Quality Effects

a. Human Health

The criteria for sulfate and chloride protect potable water supplies from objectionable taste and odor impacts. There are no identified toxicity related human health impacts at or near the criteria values. In response to a 1996 amendment to the Federal Safe Drinking Water Act 42 U.S.C.A. § 300g-1(b)(12)(B) (relating to national drinking water regulations), the EPA and the Centers for Disease Control conducted the study, "Health Effects from Exposure to High Levels of Sulfate in Drinking Water Study" (815-R-99-001; January 1999) and organized a workshop to review the study and the available literature. The conclusions of the experts at the workshop are included in "Health Effects from Exposure to High Levels of Sulfate in Drinking Water Workshop" (815-R-99-002; January 1999). The expert panel concluded there is not enough scientific evidence on which to base a regulation, but existing data support issuing a health advisory, especially for infants, in places where sulfate levels in drinking water exceed 500 mg/L. The EPA announced that it would decide whether it will propose a primary MCL for sulfate some time in the near future.

The Department is also considering whether a health-based criterion should be developed for sulfate. The recent scientific literature indicates that a health-based criterion for sulfate may be between 500 and 1,000 mg/L.

The Department is specifically seeking information and comment on an appropriate health-based value during this rulemaking process.

b. *Aquatic Life*

Instream aquatic life uses are not addressed by the current sulfate or chloride criteria. The EPA has recommended criteria for chloride to be protective of fish and aquatic life. The recommended criteria are a criterion maximum concentration of 860 mg/L and a criterion continuous concentration of 230 mg/L. The Commonwealth has not adopted the EPA criteria for aquatic life protection because an osmotic pressure criterion is applied. In 1984, the Board adopted the osmotic pressure criterion of 50 milliosmoles per kilogram to protect aquatic life from the adverse effects of dissolved solids. Dissolved solids include chloride, sulfate and other ions. Dissolved solids adversely impact aquatic life by altering the osmotic pressure of the external environment, which interferes with the organisms' osmoregulatory functions. The Department has protected aquatic life from the adverse effects of total dissolved solids through application of an osmotic pressure criterion (OP = 50 mOsm/kg). There has been no indication that the criterion is not protective of the use.

Advisory Groups

The Water Resources Advisory Committee (WRAC) to the Department discussed the draft regulation at its October 18, 2001, meeting. WRAC members commented on whether the Department will begin a trend toward the changing of criteria based on economic considerations and whether the Department evaluated how the changed standards will impact water systems. Overall, WRAC supported the Department's search for a health-based standard for sulfate, and a majority of WRAC members voted in favor of presenting the proposed rulemaking to the Board.

E. *Summary of Regulatory Revisions*

This proposed amendment to § 93.3 moves application of the specific water quality criteria for chloride and sulfate, which prevent objectionable taste and odor effects in potable water supplies, to the point of all existing or planned surface potable water supply withdrawals.

F. *Benefits, Costs and Compliance*

Executive Order 1996-1 provides for a cost/benefit analysis of the proposed amendment.

Benefits

Overall, the citizens of this Commonwealth will benefit from the recommended change because it provides the appropriate level of protection for the uses of surface waters in this Commonwealth.

Compliance Costs

The proposed amendment would reduce future compliance costs on the regulated community, when compared to the current regulation. Effluent limitations for chloride and sulfate will be applied where needed to protect potable water supplies, which will preclude the need for costly or perhaps nonexistent advanced treatment technologies or source reduction techniques to reduce these substances from wastewater discharges. Because effluent limits are case-specific, there is no accurate way to

predict the costs required or saved by a single discharger or all dischargers.

Compliance Assistance Plan

The proposed amendment will be implemented according to procedures already available for the substances currently included in § 96.3(d). The technical guidance, Implementation Guidance for Application of § 93.5(e), will be amended to include the additional substances. Staff are available to assist regulated entities in complying with the regulatory requirements if any questions arise.

Paperwork Requirements

This proposed amendment should have no significant paperwork impact on the Commonwealth, its political subdivisions or the private sector.

G. *Pollution Prevention*

In keeping with Governor Schweiker's interest in encouraging pollution prevention solutions to environmental problems, this proposed amendment provides for controlling the discharge of the listed substances to the water environment to achieve or maintain water quality standards.

H. *Sunset Review*

This proposed amendment will be reviewed in accordance with the sunset review schedule published by the Department to determine whether the regulation effectively fulfills the goals for which it was intended.

I. *Regulatory Review*

Under section 5(a) of the Regulatory Review Act (71 P. S. § 745.5(a)), on January 11, 2002, the Department submitted a copy of the proposed rulemaking to the Independent Regulatory Review Commission (IRRC) and to the Chairpersons of the Senate and House Environmental Resources and Energy Committees. In addition to submitting the proposed amendment, the Department has provided IRRC and the Committees with a copy of a detailed regulatory analysis form prepared by the Department in compliance with Executive Order 1996-1, "Regulatory Review and Promulgation." A copy of this material is available to the public upon request.

Under section 5(g) of the Regulatory Review Act, if IRRC has any objections to any portion of the proposed amendment, it will notify the Department within 10 days of the close of the Committees' review period. The notification shall specify the regulatory review criteria which have not been met by that portion of the amendment to which an objection is made. The Regulatory Review Act specifies detailed procedures for review, prior to final publication of the amendment, by the Department, the Governor and the General Assembly.

J. *Public Comments*

Written Comments—Interested persons are invited to submit comments, suggestions or objections regarding the proposed amendment and the question relating to an alternative criterion for sulfate to the Environmental Quality Board, P. O. Box 8477, Harrisburg, PA 17105-8477 (express mail: Rachel Carson State Office Building, 15th Floor, 400 Market Street, Harrisburg, PA 17101-2301). Comments submitted by facsimile will not be accepted. Comments, suggestions or objections must be

received by the Board by March 12, 2002. Interested persons may also submit a summary of their comments to the Board. The summary may not exceed one page in length and must also be received by March 12, 2002. The one-page summary will be provided to each member of the Board in the agenda packet distributed prior to the meeting at which the final-form regulation will be considered.

Electronic Comments—Comments may be submitted electronically to the Board at RegComments@state.pa.us and must also be received by the Board by March 12, 2002. A subject heading of the proposal and a return name and address must be included in each transmission.

K. Public Hearing

The Board will hold a public hearing for the purpose of accepting comments on this proposal. It will be held at 7 p.m. on February 26, 2002, at the Rachel Carson State Office Building, 400 Market Street, Harrisburg, PA.

Persons wishing to present testimony at the hearing are requested to contact Debra Failor at the Environmental Quality Board, P. O. Box 8477, Harrisburg, PA 17105-8477, (717) 787-4526, at least 1 week in advance of the hearing to reserve a time to present testimony. Oral testimony is limited to 10 minutes for each witness. Witnesses are requested to submit three written copies of their oral testimony to the hearing chairperson at the hearing. Organizations are limited to designating one witness to present testimony on their behalf at each hearing.

Persons in need of accommodations as provided for in the Americans With Disabilities Act of 1990 should contact Debra Failor directly at (717) 787-4526 or through the Pennsylvania AT&T Relay Service at (800) 654-5984 (TDD users) or (800) 654-5988 (voice users) to discuss how the Board may accommodate their needs.

DAVID E. HESS,
Chairperson

Fiscal Note: 7-375. No fiscal impact; (8) recommends adoption.

Annex A

TITLE 25. ENVIRONMENTAL PROTECTION

PART I. DEPARTMENT OF ENVIRONMENTAL PROTECTION

Subpart C. PROTECTION OF NATURAL RESOURCES

ARTICLE II. WATER RESOURCES

CHAPTER 96. WATER QUALITY STANDARDS IMPLEMENTATION

§ 96.3. Water quality protection requirements.

* * * * *

(d) As an exception to subsection (c), the water quality criteria for total dissolved solids, nitrite-nitrate nitrogen, phenolics, **chloride**, **sulfate** and fluoride established for the protection of potable water supply shall be met at least 99% of the time at the point of all existing or

planned surface potable water supply withdrawals unless otherwise specified in this title.

* * * * *

[Pa.B. Doc. No. 02-138. Filed for public inspection January 25, 2002, 9:00 a.m.]

DEPARTMENT OF PUBLIC WELFARE

[55 PA. CODE CHS. 133, 141 AND 183]

Redetermining Eligibility, General Eligibility Provisions and Income

The Department of Public Welfare (Department), under sections 402(a)(7)(A)(iii) and (B) and 408(a)(7)(A) and (C) of the Social Security Act (act) (42 U.S.C.A. §§ 602(a)(7)(A)(iii) and (B) and 608(a)(7)(A) and (C)); 45 CFR 264.1(c) (relating to what restrictions apply to the length of time Federal TANF assistance may be provided); and sections 201(2), 401(a), 403(b), 405.1(a.3), 405.3(a), (e) and (f), 432, 432(3) and (8) and 432.21(a) of the Public Welfare Code (code) (62 P.S. §§ 201(2), 401(a), 403(b), 405.1(a.3), 405.3(a), (e) and (f), 432, 432(3) and (8) and 432.21(a)), proposes to amend Chapters 133, 141 and 183 (relating to redetermining eligibility; general eligibility provisions; and income) to read as set forth in Annex A.

This proposal builds on proposed Temporary Assistance for Needy Families (TANF) rulemaking published at 31 Pa.B. 5875 (October 20, 2001) by establishing the Commonwealth's requirements for provision of TANF beyond the 60-month Federal time limit for receipt of TANF. The new program will be referred to as Extended TANF cash assistance. The final-form rulemaking for Extended TANF will be effective after promulgation of the final-form TANF rulemaking.

Section 408(a)(7)(A) of the act provides that a state may not provide TANF to a family that includes an adult who has received TANF for 60 cumulative months. However, section 408(a)(7)(C) of the act and 45 CFR 264.1(c) give states the option to extend TANF beyond the 60-month limit to families that have a hardship as defined by the state or include someone who has been battered or subjected to extreme cruelty (domestic violence). The number of families that may receive Extended TANF is limited to 20% of the average monthly number of families receiving TANF during the current or preceding fiscal year.

Purpose

The Department is choosing the Federal option that permits the State to extend cash assistance beyond 60 months to a family on the basis of hardship or domestic violence.

In creating the Extended TANF program, the Department recognizes that some families, due to domestic violence or other barriers, or both, which may be known or unknown to the Department, will not achieve self-sufficiency within the 60-month time limit for receipt of TANF prescribed under Federal law.

The legislative intent of the Commonwealth's cash assistance programs is to promote self-sufficiency of the people of this Commonwealth and to provide temporary

assistance. See section 401(a) of the code. The legislation authorizing both the TANF and General Assistance (GA) cash assistance programs makes clear that employment, work activity and movement toward self-sufficiency are expected of recipients.

One of the purposes of the proposed amendments is to define and specify eligibility standards and procedures for Extended TANF. Families which have exhausted 60 months of TANF may be eligible for Extended TANF on the basis of individual or family circumstances. A family may qualify for Extended TANF on the basis of domestic violence. A family that does not qualify on this basis may qualify for Extended TANF if the adult agrees to enroll in and cooperate with specific programs and activities designed to promote self-sufficiency.

As a condition of eligibility for cash assistance, the adult who has exhausted 60 months of TANF and who is exempt from the Road to Economic Self-Sufficiency Through Employment and Training (RESET) program or establishes good cause for not meeting RESET requirements, shall agree on the Agreement of Mutual Responsibility (AMR) to enroll in the Maximizing Participation Project (MPP). The MPP is a program that helps individuals remedy medical conditions, functional limitations or good cause situations that preclude the individuals from complying with RESET requirements. The MPP team is comprised of a multidisciplinary group consisting of a county assistance office worker or an agent authorized by the Department and other individuals including, but not limited to, representatives from State and local agencies.

An integral component of MPP is a Work Capacity Assessment (WCA). The WCA will be completed by a physician or psychologist approved by the Department. The purpose of the WCA is to take an independent comprehensive look at the individual whose barrier to employment (for example, a medical condition, functional limitation or good cause situation) precludes the individual from complying with RESET requirements. The WCA will include a reevaluation of documented medical conditions and functional limitations and consideration of previously undiagnosed conditions and limitations. The WCA will seek to identify: 1) the nature and extent of medical conditions, functional limitations or good cause situations that preclude the individual from complying with RESET requirements; and 2) the individual's range of ability to engage in work and work-related activities, with and without appropriate treatment.

The WCA is premised on the Department's commitment to determine why an individual who has received TANF for 60 months continues to need cash assistance, and what that individual can do to maximize employability and financial independence. For the most current, comprehensive evaluation of the individual's limitations and abilities after 60 months of TANF, the WCA will be much more than a mere snapshot of that individual. To facilitate this, all available records of the individual's treating physician and psychologist will be considered and additional testing will be performed as needed. Existing records may or may not provide an updated, detailed diagnostic and therapeutic picture of the individual, even if that individual was exempt or had good cause from work requirements due to a medical condition, functional limitation or good cause situation that precluded the individual from complying with RESET requirements. These records and test results, and the individual's own statement regarding known or potential conditions and limitations, will supplement the current examination

portion of the WCA. If the client has a good cause situation other than a medical condition or functional limitation, the WCA may or may not require an examination of the client. The WCA will always include an evaluation of existing documentation of the good cause situation.

The WCA will be followed by development of an MPP service plan that lists the activities designed to increase client self-sufficiency. Consistent with facts and conclusions derived from the WCA and the MPP team's recommendations, the MPP service plan will outline the types of work and work-related, vocational and therapeutic activities the individual can currently do. The service plan is designed to help the individual improve, control or eliminate the medical condition, functional limitation or good cause situation to the extent that it no longer precludes the individual from complying with RESET requirements. Clients who do not have a medical condition, functional limitation or good cause situation that precludes them from complying with RESET requirements are referred to the Work Plus Program (WPP). The WPP offers 30 hours per week of work and work-related activities. Eligibility for Extended TANF is contingent upon cooperation with the WCA and accompanying MPP service plan. Failure to comply with these requirements, without good cause, will result in the family's ineligibility for Extended TANF and GA.

Extended TANF benefits are not only available to clients who are exempt or have good cause, but are also available to a family that includes an adult who is required to participate in RESET if the adult agrees on an AMR to enroll in the WPP and cooperates in obtaining a vocational assessment. The vocational assessment includes, but is not limited to, an evaluation of the client's educational level, employment preferences, work history, skills, abilities and life circumstances as they relate to the client's ability to perform work. If the results of this assessment indicate that the adult has a medical condition, functional limitation or good cause situation that precludes the individual from complying with RESET requirements, the individual will be referred to MPP as previously discussed. If the results of the assessment indicate that the adult is able to comply with RESET requirements, the adult must participate a minimum of 30 hours per week in a combination of work and work-related activities. Willful failure to comply, without good cause, with the requirements of WPP will result in the imposition of durational sanctions on the family.

The proposed amendments also set forth eligibility requirements for GA when a family has exhausted 60 months of TANF and are necessary to comply with the statutory and regulatory mandates that applicants and recipients pursue Federal programs first, and that benefits for GA be consistent with Federally-funded cash assistance to the extent possible. See sections 403(b) and 432.21 of the code. Further, the proposed amendments are consistent with the General Assembly's legislative intent to promote self-sufficiency. See section 401(a) of the code.

To avoid an interruption of Federally-funded cash assistance, every family approaching 60 months of TANF will have the opportunity to apply for Extended TANF before their TANF benefits end. Also, a family who has exhausted TANF may apply for Extended TANF at any time. Pending adoption of the proposed amendments, families will continue to receive TANF cash assistance if otherwise eligible.

Need for Proposed Amendments

The proposed amendments are needed to incorporate the Commonwealth's regulations for Extended TANF for certain TANF families who will continue to need cash assistance beyond the 60-month Federal limit for TANF cash assistance. Without the amendments, exhaustion of the 60-month time limit for receipt of TANF benefits could leave some families facing hardships without crucial cash assistance, and could create unintended incentives to avoid work activity and employment or otherwise minimize movement toward self-sufficiency. The proposed amendments are also needed to clarify that Extended TANF is a Federal benefit which cash assistance applicants must seek instead of GA, if they are potentially eligible, in accordance with sections 432(8) and 432.21(a) of the code.

Summary of Requirements

Section 133.23(a)(1)(vi) (relating to requirements) is added to specify that a change from TANF benefits to Extended TANF benefits requires a complete redetermination.

Section 141.21(n) (relating to policy) is amended to identify TANF, including Extended TANF, as a Federal program.

Section 141.21(n)(1) and (2) includes technical language changes to change Federal "benefits" to Federal "programs" and to simplify the wording.

Section 141.21(n)(1) and (i)—(iv) is amended and the subparagraphs are added to distinguish between the periods of ineligibility for TANF, Extended TANF and GA when an applicant fails, without good cause, to cooperate in establishing eligibility for Federal programs. An applicant for TANF is ineligible until the applicant complies. An applicant for GA is ineligible for a minimum period of 60 days and thereafter until the applicant complies. For Extended TANF, the applicant and the applicant's family are ineligible until the applicant complies. For GA, if the applicant has received 60 months of TANF, the applicant and the applicant's family are ineligible for a minimum of 60 days and thereafter until the applicant complies. The proposed amendments to § 141.21(n)(1) are consistent with § 183.13(c) (relating to potential sources).

Section 141.21(n)(2) is amended to specify that for Extended TANF and GA, if the recipient has received 60 months of TANF, the recipient and the recipient's family are ineligible until the recipient complies.

Section 141.41(e) (relating to policy) is added to specify that a family is ineligible for TANF if it includes an adult who has received 60 cumulative months of TANF. TANF received by a minor child is not counted unless the minor child is a head-of-household or married to a head-of-household.

Section 141.51(a) (relating to policy) is added to establish the policy requirements for receipt of Extended TANF. The requirements of TANF apply as well as the additional requirements set forth in the subsequent paragraphs in § 141.51.

Section 141.51(a)(1) is added to specify that a family which includes an adult who has received 60 cumulative months of TANF may be eligible for Extended TANF if a family member is or has been battered or subjected to extreme cruelty (domestic violence).

Section 141.51(a)(1)(i)—(vi) is added to specify eligibility conditions for receipt of Extended TANF on the basis of domestic violence. Domestic violence must be verified.

Eligibility for Extended TANF must be reviewed at least every 6 months. The adult shall comply with a Domestic Violence Plan. A family in which child support or work requirements, or both, were waived due to domestic violence during receipt of TANF may receive Extended TANF for a period of time equal to the period of time that the good cause waiver was in effect. A family that has a current waiver of TANF child support or TANF work requirements may receive Extended TANF for the period the waiver is in effect. A family that does not qualify for Extended TANF on the basis of domestic violence may qualify for Extended TANF or GA under § 141.51(a)(2) or (3).

Section 141.51(a)(2), (2)(i) and (i)(A)—(C) is added to specify that a family may qualify for Extended TANF if the adult who has received 60 cumulative months of TANF is exempt from RESET requirements or establishes good cause for not meeting RESET requirements.

Section 141.51(a)(2)(ii) is added to specify that the adult must agree on the AMR to enroll in the MPP and cooperate in obtaining a WCA. A physician or psychologist approved by the Department shall complete the WCA.

Section 141.51(a)(2)(ii)(A) and (B) is added to specify that an adult whose WCA indicates a medical condition, functional limitation or good cause situation that precludes the adult's ability to work shall comply with the MPP service plan as documented on the AMR. Clients who do not have a medical condition, functional limitation or good cause situation that precludes them from complying with RESET requirements are referred to the WPP.

Section 141.51(a)(3) and (3)(i) and (ii) is added to establish eligibility conditions for Extended TANF when the adult shall comply with RESET requirements. The adult shall agree to enroll in WPP and cooperate in obtaining a vocational assessment.

Section 141.51(a)(3)(ii)(A) and (B) is added to specify that when the vocational assessment indicates that the adult is able to work, the adult shall participate a minimum of 30 hours per week in work and work-related activities. An adult whose vocational assessment indicates that the adult has a barrier that precludes the individual from complying with RESET requirements shall be referred to the MPP.

Section 141.51(b) is added to establish the conditions or actions that make families ineligible for Extended TANF.

Section 141.51(b)(1) is added to specify that a family is ineligible for Extended TANF when the adult fails, without good cause, to cooperate in establishing eligibility for Extended TANF or other Federal programs. That family is also ineligible for GA under § 141.61(a)(1)(xi) (relating to policy).

Section 141.51(b)(2) is added to specify that a family is ineligible for Extended TANF when the adult fails, without good cause, to cooperate with the MPP service plan, the WCA or domestic violence service plan, whichever is applicable. The family is also ineligible for GA.

Section 141.51(b)(3) is added to specify that a family is subject to sanction when the adult willfully fails, without good cause, to comply with the WPP.

Section 141.51(b)(3)(i)—(iii) is added to specify the durational sanction periods that apply to adults who willfully fail to comply with the WPP.

Section 141.52 (relating to definitions) is added to define "adult," "Extended TANF," "MPP—Maximizing Participation Project," "MPP Team," "RESET—Road to Eco-

conomic Self-Sufficiency Through Employment and Training," "service plan," "victim of domestic violence," "vocational assessment," "WCA—Work Capacity Assessment" and "WPP—Work Plus Program."

Section 141.61(a)(1)(xii) is amended to specify that a family in which an adult refuses or fails, without good cause, to cooperate in establishing eligibility for Extended TANF is ineligible for GA.

Section 183.13(b) is amended to identify TANF and Extended TANF as Federal programs, to change the phrase Federal "benefits" to Federal "programs," and to simplify the wording. This subsection is also revised to specify that for Extended TANF and GA, if the recipient has received 60 months of TANF, the recipient and the recipient's family are ineligible until the recipient complies.

Section 183.13(c), (c)(1) and (2) is amended to change the phrase Federal "benefits" to Federal "programs," to simplify the wording, and to change "AFDC" to "TANF."

Section 183.13(c)(3) is added to specify that the applicant and the applicant's family are ineligible for Extended TANF until the applicant complies.

Section 183.13(c)(4) is added to specify that for GA, if an applicant has received 60 months of TANF, the applicant and the applicant's family are ineligible for a minimum period of 60 days and thereafter until the applicant complies.

Section 183.13(d) includes technical amendments to change "AFDC" to "TANF" and to add a reference to Extended TANF.

Affected Individuals and Organizations

The proposed amendments affect TANF families with an adult who has received TANF for 60 cumulative months. These families may qualify for Extended TANF on the basis of domestic violence or their willingness to enroll in and cooperate with programs and activities designed to lead toward self-sufficiency.

Fiscal Impact

Commonwealth

The estimated cost in TANF Federal funds for 2001-2002 is \$2.186 million.

Public Sector

No other government entity will incur any costs or realize any savings.

Private Sector

No private sector will incur any costs or realize any savings.

Paperwork Requirements

The proposed amendments will increase the paperwork requirements associated with the eligibility process for affected families. Families who are eligible for Extended TANF shall comply with additional requirements related to medical/functional assessments and associated service plans, increasing the number of client contacts and related paperwork.

Effective Date

The proposed amendments are effective on March 4, 2002, or upon publication in the *Pennsylvania Bulletin* as final-form rulemaking, whichever is later.

Sunset Date

There is no sunset date. TANF regulations are also reviewed through the Department's quality control and corrective action review process.

Public Comment Period

Interested persons are invited to submit written comments, suggestions or objections regarding the proposed amendments to the Department of Public Welfare, Edward Zogby, Director, Bureau of Policy, Room 431, Health and Welfare Building, Harrisburg, PA 17120, (717) 787-4081 within 30 days after the date of publication in the *Pennsylvania Bulletin*. Comments received within 30 calendar days will be reviewed and considered in the preparation of the final-form amendments. Comments received after the 30-day comment period will be considered for subsequent revisions of the proposed amendments.

Persons with a disability may use the AT&T Relay Service (800) 654-5984 (TDD users) or (800) 654-5988 (voice users).

Regulatory Review

Under section 5(a) of the Regulatory Review Act (71 P. S. § 745.5(a)), on January 16, 2002, the Department submitted a copy of this proposed rulemaking to the Independent Regulatory Review Commission (IRRC) and the Chairpersons of the House Committee on Health and Human Services and the Senate Committee on Public Health and Welfare. In addition to submitting the proposed rulemaking, the Department has provided IRRC and the Committees with a copy of a detailed Regulatory Analysis Form prepared by the Department in compliance with Executive Order 1996-1, "Regulatory Review and Promulgation." A copy of this material is available to the public upon request.

Under section 5(g) of the Regulatory Review Act, if IRRC has objections to any portion of the proposed rulemaking, it will notify the Department within 10 days of the close of the Committees' review period. The notification shall specify the regulatory review criteria that have not been met by the portion of the proposed rulemaking to which an objection is made. The Regulatory Review Act specifies detailed procedures for review, prior to final publication of the rulemaking, by the Department, the General Assembly and the Governor of objections raised.

FEATHER O. HOUSTOUN,

Secretary

Fiscal Note: 14-474. No fiscal impact; (8) recommends adoption. Federal Temporary Assistance to Needy Families (TANF) Funds for the Extended TANF Program is expected to cost \$2.186 million in 2001-2002 and \$7.577 million in 2002-2003 and later fiscal years.

Annex A

TITLE 55. PUBLIC WELFARE

PART II. PUBLIC ASSISTANCE MANUAL

Subpart B. INTAKE AND REDETERMINATION

CHAPTER 133. REDETERMINING ELIGIBILITY

REDETERMINING ELIGIBILITY PROVISION FOR TANF/GA

§ 133.23. Requirements.

(a) *Reapplication.* A reapplication or complete redetermination of eligibility shall conform to the following:

(1) *General requirements.* General requirements are as follows:

* * * * *

(vi) A complete redetermination is required when a budget group transfers from TANF to Extended TANF.

* * * * *

Subpart C. ELIGIBILITY REQUIREMENTS

CHAPTER 141. GENERAL ELIGIBILITY PROVISIONS

ELIGIBILITY PROVISIONS FOR TANF/GA

§ 141.21. Policy.

* * * * *

(n) [Cooperate] An applicant or recipient shall cooperate with the CAO in identifying and applying for Federal programs as the primary source of financial assistance, such as, but not limited to, SSI [and], RSDI, TANF and Extended TANF, in accordance with the following:

(1) An applicant for TANF, Extended TANF or GA who fails, without good cause, [fails] to cooperate in establishing eligibility for Federal [benefits shall be determined] programs is ineligible for cash assistance [for a period of no less than 60 days and thereafter until such time as the individual complies.] as follows:

(i) For TANF, the applicant is ineligible until the applicant complies.

(ii) For GA, the applicant is ineligible for a minimum of 60 days and thereafter, until the applicant complies.

(iii) For Extended TANF, the applicant and the applicant's family are ineligible until the applicant complies.

(iv) For GA, if the applicant has received 60 months of TANF, the applicant and the applicant's family are ineligible for a minimum of 60 days and thereafter until the applicant complies.

(2) A recipient of TANF, Extended TANF or GA who fails, without good cause, [fails] to cooperate [with the CAO] in establishing [their] eligibility for SSI, RSDI, TANF, Extended TANF or other Federal [benefits, shall have assistance terminated] programs is ineligible for cash assistance until [such time as] the recipient complies. For Extended TANF and GA, if the recipient has received 60 months of TANF, the recipient's family is also ineligible until the recipient complies.

* * * * *

ELIGIBILITY PROVISIONS FOR [AFDC] TANF

§ 141.41. Policy.

* * * * *

(f) A family is ineligible for TANF cash assistance payments if it includes an adult who has received 60 months of TANF cash assistance.

(1) Assistance received as a minor child is not counted toward the 60-month limit.

(2) Assistance received as a minor child head-of-household or a minor child married to the head-of-household counts toward the 60-month limit.

(3) Periods of receipt of TANF need not be consecutive to count toward the 60-month limit.

ELIGIBILITY PROVISIONS FOR EXTENDED TANF

§ 141.51. Policy.

(a) In addition to the requirements of Chapter 133, § 141.21 and Chapters 142, 177 and 183, a family may be eligible for Extended TANF as follows:

(1) A family that includes an adult who has exhausted 60 months of TANF may receive Extended TANF if the adult applicant or recipient or other family member is or has been a victim of domestic violence as defined in § 141.52 (relating to definitions). Eligibility for Extended TANF under this paragraph is subject to the following:

(i) Domestic violence shall be verified. If the family has a current or past waiver of TANF child support cooperation or TANF work requirements due to domestic violence, no further verification is required.

(ii) An applicant or recipient who was granted a good cause waiver of TANF child support cooperation or TANF work requirements due to domestic violence may receive Extended TANF for a period of time equal to the period of time that the good cause waiver was in effect.

(iii) An applicant or recipient who has a current waiver of TANF child support cooperation or TANF work requirements due to domestic violence may receive Extended TANF during the period the waiver is in effect, subject to periodic review in accordance with subparagraph (v).

(iv) A family in which a member is or has been a victim of domestic violence shall comply with a domestic violence plan developed with a person trained in domestic violence services.

(v) Eligibility shall be reviewed at least every 6 months.

(vi) The adult whose family is ineligible for Extended TANF under this paragraph may qualify for Extended TANF or GA under paragraph (2) or (3).

(2) The adult in a family which does not qualify for Extended TANF under paragraph (1) may qualify for Extended TANF under this paragraph if the adult:

(i) Establishes good cause as specified in § 165.52 (relating to good cause) for not meeting the requirements of the RESET Program, as defined in § 141.52 (relating to definitions), or is exempt from participation in RESET because the person is one of the following:

(A) Mentally or physically disabled as verified by a physician or licensed psychologist and the disability temporarily or permanently precludes any form of employment or work-related activity.

(B) The parent or other caretaker who is personally providing care for a child under 6 years of age for whom alternate child care arrangement is unavailable.

(C) The custodial parent in a one-parent household who is caring for a child who has not attained 12 months of age. This exemption is limited to a maximum of 12 months in the parent's lifetime.

(ii) Agrees to enroll in the MPP, as defined in § 141.52, and cooperate in obtaining a WCA, also defined in § 141.52. The agreement to enroll in MPP and to cooperate in obtaining a WCA will be documented, as a requirement of the client, on the AMR, as specified under section 405.3 of the Public Welfare Code (62 P. S. § 405.3).

(A) If the results of the WCA indicate that the adult has a medical condition, functional limitation or good cause situation that precludes the individual from complying with RESET requirements, the adult shall comply with a service plan developed by the MPP Team, as defined in § 141.52, and documented on the AMR.

(B) If the results of the WCA indicate that the adult does not have a medical condition, functional limitation or good cause situation that precludes the individual from complying with RESET requirements, the adult will be referred to the WPP, as described in paragraph (3), and defined in § 141.52.

(3) The adult in a family which does not qualify for Extended TANF under paragraph (1) or (2) may qualify for Extended TANF under this paragraph if the adult:

(i) Agrees to enroll in the WPP, as documented on the AMR.

(ii) Cooperates in obtaining a vocational assessment, as defined in § 141.52.

(A) If the results of the vocational assessment indicate that the adult is able to comply with RESET requirements, the adult shall participate a minimum of 30 hours per week in a combination of work and work-related activities, as specified in section 402 of the Public Welfare Code (62 P. S. § 402).

(B) If the results of the vocational assessment indicate that the adult may have a medical condition, functional limitation or good cause situation that precludes the individual from complying with RESET requirements, the adult shall be referred to the MPP, as described in paragraph (2).

(b) A family is ineligible for Extended TANF if:

(1) The adult fails, without good cause, to cooperate in establishing eligibility for Extended TANF and other Federal programs, as specified under § 141.21(n)(relating to policy). The family is also ineligible for GA, as specified under § 141.21(n) and § 141.61(a)(1)(xii) (relating to conditions of eligibility).

(2) The adult fails, without good cause, to obtain a WCA or to comply with the MPP service plan or the domestic violence plan, whichever applies. The family is also ineligible for GA, as specified under §§ 141.21(n) and 141.61(a)(1)(xii).

(3) The adult willfully fails, without good cause, to obtain a vocational assessment or to comply with the WPP, whichever is applicable. A sanction will be imposed on the family as follows:

(i) For the first occurrence, 30 days or until the adult is willing to comply, whichever is longer.

(ii) For the second occurrence, 60 days or until the adult is willing to comply, whichever is longer.

(iii) For the third occurrence, permanently.

§ 141.52. Definitions.

The following words and terms, when used in this section and § 141.51 (relating to policy), have the following meanings, unless the context clearly indicates otherwise:

Adult—An individual who is 19 years of age or older or who is 18 years of age and not a full-time student in a secondary school or in the equivalent level of vocational or technical training.

Extended TANF—Federally-funded TANF cash assistance for eligible families in which an adult has exhausted 60 cumulative months of TANF cash assistance.

MPP—Maximizing Participation Project—A program to assist individuals remedy medical conditions, functional limitations and good cause situations that preclude the individual from complying with RESET requirements.

MPP team—A multidisciplinary group consisting of a CAO worker or an agent authorized by the Department and other individuals including representatives from State and local agencies.

RESET—Road to Economic Self-Sufficiency Through Employment and Training—A program operated by the Department, within the constraints of available funds, to enable recipients of cash assistance to secure permanent full-time unsubsidized jobs, entry-level jobs or part-time jobs which can establish a work history, preferably in the private sector, with wages and benefits that lead to economic independence and self-sufficiency as soon as practicable.

Service plan—A document developed to outline the steps necessary to enable an adult to engage in work, increase work participation or otherwise increase self-sufficiency.

Victim of domestic violence—An individual who is or has been battered or subjected to extreme cruelty, as defined in section 408(a)(7)(C)(iii) of the Social Security Act (42 U.S.C.A. § 608 (a)(7)(C)(iii)).

Vocational assessment—An evaluation of the factors that impact the client's ability to perform work, including the client's educational level, employment preferences, work history, skills, abilities and life circumstances.

WCA—Work Capacity Assessment—An independent medical, vocational or functional evaluation, or a combination of these, conducted by a physician or psychologist approved by the Department.

(i) If the client has a medical condition or functional limitation, the WCA is to be conducted based upon accepted medical standards, as well as standard framework and method of analysis.

(ii) The standard framework and method of analysis used will be the most recent edition of the American Medical Association, *Guides to the Evaluation of Permanent Impairment*.

(iii) If the client has a good cause situation other than a medical condition or functional limitation, the WCA may or may not require an examination of the client.

(iv) The WCA will always include an evaluation of existing documentation of the good cause situation.

WPP—Work Plus Program—An employment and training program funded by the Department providing work and work-related activities for at least 30 hours per week.

ELIGIBILITY PROVISIONS FOR GA

§ 141.61. Policy.

(a) *Conditions of eligibility.* The following relates to eligibility for GA:

(1) A person is eligible for GA under the requirements established in subsection (d) and if the appropriate eligibility conditions in the following chapters are met:

* * * * *

(xii) Furthermore, eligibility for GA requires that the person be ineligible for TANF and Extended TANF because of failure to meet TANF and Extended TANF definitive conditions. An applicant or recipient who does not [meet a definitive condition] qualify for TANF or Extended TANF solely because of a refusal or failure, without good cause, to establish eligibility for TANF or Extended TANF is ineligible for GA. A person meeting definitive conditions but ineligible for TANF because of income, resources or participation in a strike is not eligible for GA. A person who refuses without good cause to cooperate in establishing paternity or support as required in the TANF or Extended TANF program is [not eligible] ineligible for GA. A family in which an adult refuses or fails, without good cause, to cooperate in establishing and maintaining eligibility for Extended TANF as provided in § 141.51(a)(1)–(3) (relating to policy) is also ineligible for GA.

* * * * *

Subpart D. DETERMINATION OF NEED AND AMOUNT OF ASSISTANCE

CHAPTER 183. INCOME

INCOME

§ 183.13. Potential sources.

* * * * *

(b) A recipient of TANF, Extended TANF or GA who fails, without good cause, [fails] to cooperate with the CAO in [an effort to establish] establishing and maintaining eligibility for SSI, RSDI, TANF, Extended TANF, or other Federal [benefits shall have assistance terminated] programs is ineligible for cash assistance until the recipient complies. For Extended TANF and GA, if the recipient has received 60 months of TANF, the recipient's family is also ineligible until the recipient complies.

(c) An applicant for TANF, Extended TANF or GA who fails, without good cause, [fails] to cooperate in establishing eligibility for Federal [benefits shall be determined to be] programs is ineligible for cash assistance as follows:

(1) For [AFDC] TANF or Extended TANF, the applicant is [not eligible] ineligible until [he] the applicant complies.

(2) For GA, the applicant is [not eligible] ineligible for a minimum [period] of 60 days and thereafter, until [he] the applicant complies.

(3) For Extended TANF, the applicant's family is also ineligible until the applicant complies.

(4) For GA, if the applicant has received 60 months of TANF, the applicant and the applicant's family are ineligible for a minimum of 60 days and thereafter until the applicant complies.

(d) An individual who is eligible for [AFDC] TANF or Extended TANF and SSI may choose to receive a benefit from one of [the two] these programs. The individual may not receive SSI and [AFDC] TANF or Extended TANF simultaneously.

[Pa.B. Doc. No. 02-139. Filed for public inspection January 25, 2002, 9:00 a.m.]

NOTICES

DEPARTMENT OF AGRICULTURE

Application Period for the Agricultural Land Conservation Assistance Grant Program

An application period for grants under the Agricultural Land Conservation Assistance Grant Program (program) administered by the Department of Agriculture (Department) has started. The program is authorized by sections 7.1 and 7.3 of the act of June 18, 1982 (P. L. 549, No. 159) (3 P. S. §§ 1207.1 and 1207.3). Regulations for the program are in 7 Pa. Code Chapter 138h (relating to agricultural conservation assistance grant program) and can be found at the following website www.pacode.com.

Applications for the program will be accepted by the Department beginning February 25, 2002, for a 45-day period ending April 11, 2002. Information and grant application forms may be obtained from Sandra E. Robison, Bureau of Farmland Preservation, Department of Agriculture, 2301 North Cameron Street, Room 404, Harrisburg, PA 17110-9408.

SAMUEL E. HAYES, Jr.,
Secretary

[Pa.B. Doc. No. 02-140. Filed for public inspection January 25, 2002, 9:00 a.m.]

Interstate/International Quarantine Order

Whereas, chronic wasting disease (CWD) is an infectious disease of cervids (animals such as elk, whitetail deer, mule deer, fallow deer, reindeer, red deer, etc. . .);

Whereas, CWD was designated a "Dangerous Transmissible Disease" of animals by order of the Secretary of Agriculture under the provisions of the Domestic Animal Law (3 Pa.C.S. §§ 2301—2389), at 3 Pa.C.S. § 2321(d);

Whereas, the Pennsylvania Department of Agriculture ("PDA") has broad authority under the Domestic Animal Law to regulate the keeping and handling of domestic animals in order to exclude, contain or eliminate dangerous transmissible diseases;

Whereas, CWD is of particular concern to the captive/farmed cervid industry, in that presence of CWD infection in a herd may result in the destruction of the entire herd and may severely limit the market for Pennsylvania product;

Whereas, the Pennsylvania Game Commission is deeply concerned about the impact of the disease on native cervid populations, should the disease enter Pennsylvania;

Whereas, the Commonwealth has, to date, remained free of CWD;

Whereas, the Domestic Animal Law allows (at 3 Pa.C.S. § 2329(c)) for the establishment of an Interstate/International Quarantine under the circumstances described above;

Now, therefore, the Pennsylvania Department of Agriculture, pursuant to the authority granted it under the Domestic Animal Law and § 1702 of the Administrative Code of 1929 (71 P. S. § 442), orders the establishment of an interstate/international quarantine with respect to the shipment of captive cervids into the Commonwealth. The quarantine restrictions are as follows:

1. A captive cervid shall only be allowed into the Commonwealth under either of the following circumstances:

a. The captive cervid originates from a farm/herd of origin in a state/province in which CWD is not known to exist, and the animal has not resided at any time in a state in which CWD is known to exist.

b. The captive cervid originates from a farm/herd of origin that has been enrolled in a state-approved CWD monitoring program for at least 5 years.

2. Cervids from herds that are known to have been infected with CWD within the last five years may not be imported into the Commonwealth.

3. Cervids imported into the Commonwealth shall meet all other import requirements and shall be accompanied by a certificate of veterinary inspection issued by an accredited veterinarian. The following statement shall be typed/written on the certificate of veterinary inspection:

The above animals have either: a) never resided in a state in which chronic wasting disease has been diagnosed or b) originate from a herd that has been enrolled in a chronic wasting disease monitoring program for five years.

4. Cervids imported into the Commonwealth shall be individually identified as to the herd of origin by legible tattoo, ear tag or other method approved by PDA.

5. This Order shall not be construed as limiting PDA's authority to establish additional quarantine or testing requirements on imported cervids.

6. This Order is effective January 19, 2002.

SAMUEL E. HAYES, Jr.,
Secretary

[Pa.B. Doc. No. 02-141. Filed for public inspection January 25, 2002, 9:00 a.m.]

DEPARTMENT OF BANKING

Action on Applications

The Department of Banking, under the authority contained in the act of November 30, 1965 (P. L. 847, No. 356), known as the Banking Code of 1965; the act of December 14, 1967 (P. L. 746, No. 345), known as the Savings Association Code of 1967; the act of May 15, 1933 (P. L. 565, No. 111), known as the Department of Banking Code; and the act of December 19, 1990 (P. L. 834, No. 198), known as the Credit Union Code, has taken the following action on applications received for the week ending January 15, 2002.

BANKING INSTITUTIONS**Charter Applications**

<i>Date</i>	<i>Name of Bank</i>	<i>Location</i>	<i>Action</i>
1-2-02	LeTort Management & Trust Company Camp Hill Cumberland County	3130 Morningside Drive Camp Hill Cumberland County	Commenced Operations
1-2-02	Sterling Financial Trust Company Lancaster Lancaster County	101 N. Pointe Blvd. Lancaster Lancaster County	Commenced Operations
1-11-02	Counsel Trust Company York York County	York	Approved

Consolidations, Mergers and Absorptions

<i>Date</i>	<i>Name of Bank</i>	<i>Location</i>	<i>Action</i>
12-31-01	First County Bank Doylestown Bucks County Purchase of assets/assumptions of liabilities of one branch office of Third Federal Savings Bank, Newtown, located at: 601 Louis Drive Warminster Bucks County	Doylestown	Effective

Branch Applications

<i>Date</i>	<i>Name of Bank</i>	<i>Location</i>	<i>Action</i>
1-9-02	Community Banks Millersburg Dauphin County	2685 S. Queen St. York York County	Approved
1-9-02	Indiana First Savings Bank Indiana Indiana County	Route 119 and Snyder Hill Road (SR 3012) Punxsutawney Young Township Jefferson County	Approved
1-9-02	Altoona First Savings Bank Altoona Blair County	Strawberry Meadows Subdivision Parcel 9A Blair Township Blair County	Approved
1-9-02	Altoona First Savings Bank Altoona Blair County	Kapa Plaza, Lot #5 Snake Spring Township Bedford County	Approved
1-9-02	AmeriServ Financial Bank Johnstown Cambria County	87 Logan Boulevard Altoona Blair County	Approved
1-9-02	Smithfield State Bank Smithfield Fayette County	81 W. Main Street Uniontown Fayette County	Approved
1-14-02	Northwest Savings Bank Warren Warren County	1040 Lake Avenue Ashtabula Ashtabula County Ohio	Filed

Branch Relocations

<i>Date</i>	<i>Name of Bank</i>	<i>Location</i>	<i>Action</i>
1-9-02	Sharon Savings Bank Darby Delaware County	<i>To:</i> 420 Bainbridge St. Philadelphia Philadelphia County <i>From:</i> 1730 Snyder Avenue Philadelphia Philadelphia County	Approved

SAVINGS INSTITUTIONS

No activity.

CREDIT UNIONS

No activity.

JAMES B. KAUFFMAN, Jr.,
Secretary

[Pa.B. Doc. No. 02-142. Filed for public inspection January 25, 2002, 9:00 a.m.]

Maximum Lawful Rates of Interest for Residential Mortgages for the Month of February 2002

The Department of Banking (Department), under the authority contained in section 301 of the act of January 30, 1974 (P. L. 13, No. 6) (41 P. S. § 301), hereby determines that the maximum lawful rate of interest for residential mortgages for the month of February, 2002, is 8%.

The interest rate limitations under the State's usury statute were preempted to a great extent by Federal law, the Depository Institutions Deregulation and Monetary Control Act of 1980 (Pub. L. 96-221). Further preemption was instituted with the signing of Pub. L. 96-399, which overrode State interest rate limitations on any individual who finances the sale or exchange of residential real property which the individual owns and which the indi-

vidual occupies or has occupied as a principal residence.

Each month the Department is required by State law to compute and announce the ceiling rate on residential mortgages in this Commonwealth. This maximum rate is determined by adding 2.50 percentage points to the yield rate on long-term government bonds as published by the Federal Reserve Board and/or the United States Treasury. The latest yield rate on long-term government securities is 5.39 to which was added 2.50 percentage points for a total of 7.89 that by law is rounded off to the nearest quarter at 8%.

JAMES B. KAUFFMAN, Jr.,
Secretary

[Pa.B. Doc. No. 02-143. Filed for public inspection January 25, 2002, 9:00 a.m.]

DEPARTMENT OF ENVIRONMENTAL PROTECTION**Applications, Actions and Special Notices****APPLICATIONS****NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES) PERMITS****NPDES APPLICATIONS****PART I PERMITS**

Under the Federal Clean Water Act and The Clean Streams Law, the following parties have applied for an NPDES permit or to renew their current permit to discharge controlled wastewaters into the waters of this Commonwealth or to conduct other activities required by the NPDES permit. For renewal applications listed in Section I, the Department of Environmental Protection (Department) has made a tentative determination to reissue these permits for 5 years subject to effluent limitations and monitoring and reporting requirements in their current permits, with appropriate and necessary updated requirements to reflect new and changed regulations and other requirements. For all new permit applications, renewal application with major changes or applications for permits not waived by EPA, the Department, based upon preliminary reviews, also made a tentative determination of proposed effluent limitations and other terms and conditions for the permit applications listed in Section II. These determinations are published as proposed actions for comments prior to taking final actions.

Unless indicated otherwise, the EPA Region III Administrator has waived the right to review or object to this proposed permit action under the waiver provision 40 CFR 123.24(d).

Persons wishing to comment on the proposed permit are invited to submit a statement, to the office noted before the application, within 30 days from the date of this public notice. Comments received within this 30-day comment period will be considered in the formulation of the final determinations regarding the application. The comment should include the name, address and telephone number of the writer and a concise statement to inform the Department of the exact basis of a comment and the relevant facts upon which it is based. A public hearing may be held if the responsible office considers the public response significant. Following the comment period, the Department's Water Management Program Manager will make a final determination regarding these applications. Notice of this final determination will be published in the *Pennsylvania Bulletin* at which time this determination may be appealed to the Environmental Hearing Board.

The renewal applications, including proposed effluent limitations and special conditions, are available on file. For new permit applications, information submitted with the applications is available on file. The information may be inspected and arrangements made for copying at the office indicated before the application.

Persons with a disability, who require an auxiliary aid, service, including TDD users, or other accommodations to seek additional information, should contact the Department through the Pennsylvania AT&T Relay service at (800) 654-5984.

I. NPDES Renewal Applications

Southcentral Region: Water Management Program Manager, 909 Elmerton Avenue, Harrisburg, PA 17110, (717) 705-4707.

<i>NPDES No. (Type)</i>	<i>Facility Name & Address</i>	<i>County & Municipality</i>	<i>Stream Name (Watershed #)</i>	<i>EPA Waived Y/N ?</i>
PA0086894 (Transfer)	Country View Mobile Home Park 842 Dicks Dam Road New Oxford, PA 17350	York County Washington Township	UNT Red Run Creek/7F	Y

II. Applications for New or Expanded Facility Permits, Renewal of Major Permits and EPA Non-Waived Permit Applications

Southeast Region: Water Management Program Manager, Lee Park, Suite 6010, 555 North Lane, Conshohocken, PA 19428.

No. PA0057029, Industrial Waste, **Hewlett Packard Company**, 10,000 East Geddes Avenue, Suite 100, Englewood, CO 80112-3664. This application is for renewal of an NPDES permit to discharge treated groundwater from a groundwater remediation system in New Garden Township, **Chester County**. This is an existing discharge to an unnamed tributary to Egypt Run.

The receiving stream is classified for the following uses: cold water fishery, aquatic life, water supply and recreation.

The proposed effluent limits for Outfall 001, based on an average flow of 0.144 million gallons per day are as follows:

<i>Parameter</i>	<i>Average Monthly (mg/l)</i>	<i>Maximum Daily (mg/l)</i>	<i>Instantaneous Maximum (mg/l)</i>
Chloroform	0.006	0.012	0.015
1,1-Dichloroethylene	0.0002	0.0004	0.0005
1,2-Cis-Dichloroethylene	Monitor	Monitor	Monitor
1,2-Trans-Dichloroethylene	0.7	1.4	1.75
Tetrachloroethylene	0.003	0.006	0.008
Trichloroethylene	0.005	0.01	0.012
pH	within limits of 6.0—9.0 Standard Units at all times		

The EPA Waiver is in effect.

No. PA0051934A1, Sewage, **Limerick Township Municipal Authority**, P. O. Box 29, Royersford, PA 19468. This application is for amendment of an NPDES permit to discharge treated sewage from King Road STP in Limerick Township, **Montgomery County**. This is an existing discharge to Schuylkill River.

The receiving stream is classified for the following uses: warm water fishery, aquatic life, water supply and recreation.

The proposed effluent limits for Outfall 002, based on an average flow of 1.6 MGD and 1.7 MGD are as follows:

<i>Parameter</i>	<i>Average Monthly (mg/l)</i>	<i>Average Weekly (mg/l)</i>	<i>Instantaneous Maximum (mg/l)</i>	<i>Daily Maximum (TUa)</i>
CBOD ₅	25	40	50	
Total Suspended Solids	30	45	60	
Ammonia (as N)	20		40	
Total Residual Chlorine	0.5		1.2	
Fecal Coliform	200 colonies/100 ml as a geometric average			
Dissolved Oxygen			Monitor/Report (Inst. Minimum)	

<i>Parameter</i>	<i>Average Monthly (mg/l)</i>	<i>Average Weekly (mg/l)</i>	<i>Instantaneous Maximum (mg/l)</i>	<i>Daily Maximum (TUa)</i>
pH	within limits of 6.0—9.0 Standard Units at all times.			
Toxicity (Acute)				Monitor/Report

* There is no TRC requirement for 1.7 MGD flow.

The proposed effluent limits for stormwater Outfall 001 are as follows:

<i>Parameter</i>	<i>Maximum Daily (mg/l)</i>
CBOD ₅	Monitor/Report
COD	Monitor/Report
Oil and Grease	Monitor/Report
Total Suspended Solids	Monitor/Report
pH	Monitor/Report
Total Kjeldahl Nitrogen	Monitor/Report
Total Phosphorus	Monitor/Report
Iron (Dissolved)	Monitor/Report

Other Conditions:

The EPA Waiver is not in effect.

No. PA0058408, Sewage, **Lejeune Properties, Inc.**, 4070 Butler Pike, Suite 800, Plymouth Meeting, PA 19462. This application is for issuance of an NPDES permit to discharge treated sewage from River Crest STP in Upper Providence Township, **Montgomery County**. This is a new discharge to unnamed tributary to Schuylkill River (001) and Doe Run (002).

The first downstream potable water supply intake from the point of discharge 001 is Philadelphia Suburban Water Company—Pickering Creek Water Filtration Plant and from the point of discharge 002 is Philadelphia Suburban Water Company in Upper Providence Township.

The receiving streams are classified for the following uses: warm water fishery, trout stocking fishery, aquatic life, water supply and recreation.

The proposed effluent limits for Outfalls 001 and 002, based on an average flow of 86,025 gpd are as follows:

<i>Parameter</i>	<i>Average Monthly (mg/l)</i>	<i>Instantaneous Maximum (mg/l)</i>
CBOD ₅	10	20
Total Suspended Solids	10	20
Ammonia (as N)	3.0	6.0
Fecal Coliform	200 colonies/100 ml as a geometric average	
Dissolved Oxygen	minimum of 5.0 mg/l at all times	
pH	within limits of 6.0—9.0 Standard Units at all times	

Other Conditions:

The EPA Waiver is in effect.

Southcentral Region: Water Management Program Manager, 909 Elmerton Avenue, Harrisburg, PA 17110, (717) 705-4707.

No. PA 0035653, Sewage, **Pennsylvania Department of Transportation (PennDOT Safety Rest Area Site No. 3)**, Bureau of Design, P. O. Box 3060, Harrisburg, PA 17105-3060. This facility is located in Brush Creek Township, **Fulton County**.

Description of activity: The application is for renewal of an NPDES permit for an existing discharge of treated sewage.

The receiving stream, an unnamed tributary to Brush Creek, is in Watershed 11-C and classified for High Quality-Cold Water Fishes, water supply and recreation and fish consumption. The nearest downstream public water supply intake for Saxton Municipal Water Authority is located on Juniata River, approximately 51 miles downstream. The discharge is not expected to affect the water supply.

The proposed effluent limits for Outfall 001 for a design flow of 0.0065 MGD are:

<i>Parameter</i>	<i>Average Monthly (mg/l)</i>	<i>Instantaneous Maximum (mg/l)</i>
CBOD ₅	25	50
Suspended Solids	30	60
NH ₃ -N		
(5-1 to 10-31)	4.5	9.0
(11-1 to 4-30)	13.5	27

<i>Parameter</i>	<i>Average Monthly (mg/l)</i>	<i>Instantaneous Maximum (mg/l)</i>
Total Residual Chlorine (Interim)		minimum of 5.0 at all times
(Final)	0.35	1.2
Dissolved Oxygen		minimum of 5.0 at all times
pH		from 6.0 to 9.0 inclusive
Fecal Coliform (5-1 to 9-30)	200/100 ml as a geometric average	
(10-1 to 4-30)	5,000/100 ml as a geometric average	

Individuals may make an appointment to review the DEP files on this case by calling the File Review Coordinator at (717) 705-4732.

The EPA waiver is in effect.

Southwest Regional Office: Regional Manager, Water Management, 400 Waterfront Drive, Pittsburgh, PA 15222-4745, (412) 442-4000.

PA0095907, Sewage, **Albert Gallatin Area School District**, 10 West Church Street, Masontown, PA 15461-1800. This application is for Renewal of an NPDES permit to discharge treated sewage from Plava Elementary School Sewage Treatment Plant in German Township, **Fayette County**.

The following effluent limitations are proposed for discharge to the receiving waters, known as unnamed tributary of North Branch Browns Run known locally as Parshall Run, which are classified as a warm water fishery with existing and/or potential uses for aquatic life, water supply and recreation. The first downstream potable water supply intake from this facility is the Carmichaels Municipal Water Authority located on the Monongahela River.

Outfall 001: existing discharge, design flow of 0.009 mgd.

<i>Parameter</i>	<i>Average Monthly</i>	<i>Average Weekly</i>	<i>Concentration (mg/l) Maximum Daily</i>	<i>Instantaneous Maximum</i>
CBOD ₅	25			50
Suspended Solids	30			60
Ammonia Nitrogen (5-1 to 10-31)	2.0			4.0
(11-1 to 4-30)	5.0			10.0
Fecal Coliform (5-1 to 9-30)	200/100 ml as a geometric mean			
(10-1 to 4-30)	2,000/100 ml as a geometric mean			
Total Residual Chlorine	0.10			0.25
Dissolved Oxygen	not less than 5 mg/l			
pH	not less than 6.0 nor greater than 9.0			

The EPA waiver is in effect.

PA0095982, Sewage, **Albert Gallatin Area School District**, 10 West Church Street, Masontown, PA 15461-1800. This application is for renewal of an NPDES permit to discharge treated sewage from Albert Gallatin North Middle School STP in German Township, **Fayette County**.

The following effluent limitations are proposed for discharge to the receiving waters, known as unnamed tributary of North Branch Browns Run, which are classified as a warm water fishery with existing and/or potential uses for aquatic life, water supply and recreation. The first downstream potable water supply intake from this facility is the Carmichaels Municipal Water Authority located on the Monongahela River.

Outfall 001: existing discharge, design flow of 0.02 mgd.

<i>Parameter</i>	<i>Average Monthly</i>	<i>Average Weekly</i>	<i>Concentration (mg/l) Maximum Daily</i>	<i>Instantaneous Maximum</i>
CBOD ₅	25			50
Suspended Solids	30			60
Ammonia Nitrogen (5-1 to 10-31)	2.5			5.0
(11-1 to 4-30)	7.5			15.0
Fecal Coliform (5-1 to 9-30)	200/100 ml as a geometric mean			
(10-1 to 4-30)	2,000/100 ml as a geometric mean			
Total Residual Chlorine	0.3			0.7

<i>Parameter</i>	<i>Concentration (mg/l)</i>			
	<i>Average Monthly</i>	<i>Average Weekly</i>	<i>Maximum Daily</i>	<i>Instantaneous Maximum</i>
Dissolved Oxygen	not less than 4 mg/l			
pH	not less than 6.0 nor greater than 9.0			

The EPA waiver is in effect.

PA0098981, Sewage, **Dean E. Molter**, 187 Becks Run Road, Moon Township, PA 15108. This application is for renewal of an NPDES permit to discharge treated sewage from the Dean E. Molter Single Residence STP in Moon Township, **Allegheny County**.

The following effluent limitations are proposed for discharge to the receiving waters, known as unnamed tributary of Flaugherty Run, which are classified as a warm water fishery with existing and/or potential uses for aquatic life, water supply and recreation. The first downstream potable water supply intake from this facility is the ARCO Chemical Company, BV Plant, on the Ohio River.

Outfall 001: existing discharge, design flow of 0.0004 mgd.

<i>Parameter</i>	<i>Concentration (mg/l)</i>			
	<i>Average Monthly</i>	<i>Average Weekly</i>	<i>Maximum Daily</i>	<i>Instantaneous Maximum</i>
CBOD ₅	25			50
Suspended Solids	30			60
Fecal Coliform				
(5-1 to 9-30)	200/100 ml as a geometric mean			
(10-1 to 4-30)	2,000/100 ml as a geometric mean			
Total Residual Chlorine	Monitor and Report			
pH	not less than 6.0 nor greater than 9.0			

The EPA waiver is in effect.

PA0217271, Sewage, **Ohio Township Sanitary Authority**, 1719 Roosevelt Road, Pittsburgh, PA 15237. This application is for Renewal of an NPDES permit to discharge treated sewage from Kilbuck Run Sewage Treatment Plant in Sewickley Hills Borough, **Allegheny County**.

The following effluent limitations are proposed for discharge to the receiving waters, known as Kilbuck Run, which are classified as a cold water fishery with existing and/or potential uses for aquatic life, water supply and recreation. The first downstream potable water supply intake from this facility is the Moon Township Water Authority located on the Ohio River.

Outfall 001: existing discharge, design flow of 0.075 mgd.

<i>Parameter</i>	<i>Concentration (mg/l)</i>			
	<i>Average Monthly</i>	<i>Average Weekly</i>	<i>Maximum Daily</i>	<i>Instantaneous Maximum</i>
CBOD ₅	25			50
Suspended Solids	30			60
Ammonia Nitrogen				
(5-1 to 10-31)	3.0			6.0
(11-1 to 4-30)	9.0			18.0
Fecal Coliform				
(5-1 to 9-30)	200/100 ml as a geometric mean			
(10-1 to 4-30)	2,000/100 ml as a geometric mean			
Total Residual Chlorine	0.13			0.31
Dissolved Oxygen	not less than 5 mg/l			
pH	not less than 6.0 nor greater than 9.0			

The EPA waiver is in effect.

WATER QUALITY MANAGEMENT PERMITS CONTROLLED INDUSTRIAL WASTE AND SEWAGE WASTEWATER

APPLICATIONS UNDER THE CLEAN STREAMS LAW

PART II PERMITS

The following permit applications or requests for plan approvals have been received by the Department of Environmental Protection (Department).

Persons wishing to comment on any of the applications are invited to submit a statement to the office noted

before the application within 15 days from the date of this public notice. Comments received within this 15-day comment period will be considered in making the final decision regarding the application. The comments should include the name, address and telephone number of the writer and a concise statement to inform the Department of the exact basis of a comment and the relevant facts upon which it is based.

The Department reserves the right to hold a public hearing if the responsible office considers the public response significant. If a hearing is scheduled, a notice of the hearing will be published in the *Pennsylvania Bulletin*.

tin and a newspaper of general circulation of the area. If no hearing is held, the Department's Water Management Program Manager will make a final determination regarding the applications after a complete review. Notice of this final determination will be published in the *Pennsylvania Bulletin* at which time this determination may be appealed to the Environmental Hearing Board.

A copy of the permit application or proposed plan is on file in the office indicated and is open to public inspection. Appointments to review the application may be made by contacting Records Management at the indicated telephone number.

I. Industrial Waste and Sewerage Applications under The Clean Streams Law (35 P. S. §§ 691.1—691.1001).

Northeast Region: Water Management Program Manager, 2 Public Square, Wilkes-Barre, PA 18711-0790.

WQM Permit No. 5401406, Sonny Singh, Raceway Truck Stop, P. O. Box 239, Harford, PA 18823. This proposed facility is located in Tremont Township, **Schuylkill County**.

Description of Proposed Action/Activity: This project consists of a proposed sewage treatment facility to service an existing restaurant and truck stop and a proposed 70 unit motel. Proposed for the site is a package treatment plant that will provide flow equalization, diffused aeration, clarification, sludge recirculation, sludge holding and disinfection by chlorination. The site is located along Molleystown Road at the intersection with S.R. 125 in Tremont Township, Schuylkill County and consists of approximately 10.4 acres.

WQM Permit No. 4501409, Monroe County Commissioners, One Quaker Plaza, Stroudsburg, PA 18360-2192. This proposed facility is located in Hamilton Township, **Monroe County**.

Description of Proposed Action/Activity: This project consists of a minor modification to the existing Pleasant Valley Manor Wastewater Treatment Plant to improve operations, including installation of an inorganic solids removal system at the plant's headworks and the addition of a 30,000 gallon sludge holding tank and appurtenances.

Southwest Region: Water Management Program Manager, 400 Waterfront Drive, Pittsburgh, PA 15222-4745.

No. 650240, Sewerage, Borough of Belle Vernon, 503 Speer St., North Belle Vernon, PA 15012. Application for the construction and operation of a new sanitary sewer collection system to separate the existing combined sewer system to serve the Borough of North Belle Vernon, located in North Belle Vernon Borough, **Westmoreland County**.

The Pennsylvania Infrastructure Investment Authority which administers the Commonwealth's State Revolving Fund has been identified as a possible funding source. The Department's review of the sewage facilities plan revision has not identified any significant environmental impacts resulting from this proposal.

NPDES Stormwater Individual Permit

The following parties have applied for an NPDES permit to discharge stormwater associated with a construction activity into waters of this Commonwealth. Unless otherwise indicated, on the basis of preliminary review and application of lawful standards and regulations, the Department of Environmental Protection (Department) proposes to issue a permit to discharge, subject to certain limitations set forth in the permit conditions. These proposed determinations are tentative. Limitations are provided as erosion and sediment control best management practices which restrict the rate and quantity of sediment discharged.

Where indicated, the EPA Region III Administrator has waived the right to review or object to this proposed permit action under the waiver provision 40 CFR 123.24(d).

Persons wishing to comment on the proposed permit are invited to submit a statement to the appropriate Department Regional Office noted before the application within 30 days from the date of this public notice. Comments reviewed within this 30-day period will be considered in the formulation of the final determinations regarding this application. Responses should include the name, address and telephone number of the writer and a concise statement to inform the Department of the exact basis of a comment and relevant facts upon which it is based. A public hearing may be held after consideration of comments received by the appropriate Department Regional Office during the 30-day public comment period.

Following the 30-day comment period, the appropriate Regional Office Water Management Program Manager will make a final determination regarding the proposed permit. Notice of this determination will be published in the *Pennsylvania Bulletin* at which time this determination may be appealed to the Environmental Hearing Board.

The application and related documents, including the erosion and sediment control plan for the earth disturbance activity, are on file and may be inspected at the office identified in this notice.

Persons with a disability that require an auxiliary aid, service or other accommodation to participate during the 30-day public comment period should contact the specified Regional Office. TDD users may contact the Department through the Pennsylvania AT&T Relay Service at (800) 654-5984.

Southwest Region: Water Management Program Manager, 400 Waterfront Drive, Pittsburgh, PA 15222-4745.

Beaver County Conservation District: 1000 Third Street, Suite 202, Beaver, PA 15009, (724) 774-7090.

NPDES Permit PAS100248, Stormwater, Beaver County Commissioners, Beaver County Courthouse, Third Street, Beaver, PA 15009-2196 has applied to discharge stormwater associated with a construction activity located in Chippewa Township, Beaver County to UNT North Fork Little Beaver Creek/HQ-CWF.

<i>NPDES No.</i>	<i>Applicant Name & Address</i>	<i>County & Municipality</i>	<i>Receiving Water/Use</i>
PAS100248	Beaver County Commissioners Beaver County Courthouse Third Street Beaver, PA 15009-2196	Beaver County Chippewa Township	UNT North Fork Little Beaver Creek/HQ-CWF

Northwest Region: Water Management Program Manager, 230 Chestnut Street, Meadville, PA 16335-3481.

Butler Conservation District: 122 McCune Drive, Butler, PA 16001-6500, (724) 284-5270.

NPDES Permit PAS10E075, Acorn Woods Development, 1031 New Castle Road, P. O. Box 465, Prospect, PA 16052, has applied to discharge stormwater associated with a construction activity located in Franklin Township, **Butler County** to UNT to Muddy Creek (HQ-CWF).

<i>NPDES Permit No.</i>	<i>Applicant Name & Address</i>	<i>County</i>	<i>Municipality</i>	<i>Receiving Water/Use</i>
PAS10E075	Acorn Woods Development Sherry Kyne 1031 New Castle Road P. O. Box 465 Prospect, PA 16052	Butler	Franklin Township	UNT to Muddy Creek (HQ-CWF)

PUBLIC WATER SUPPLY (PWS) PERMIT

Under the Pennsylvania Safe Drinking Water Act, the following parties have applied for a PWS permit to construct or substantially modify a public water system.

Persons wishing to comment on the permit application are invited to submit a statement to the office listed before the application within 30 days of this public notice. Comments received within this 30-day comment period will be considered in the formulation of the final determinations regarding this application. Comment responses should include the name, address and telephone number of the writer and a concise statement to inform the Department of Environmental Protection (Department) of the exact basis of a comment and the relevant facts upon which it is based. A public hearing may be held after consideration of comments received during the 30-day public comment period.

Following the comment period, the Department will make a final determination regarding the proposed permit. Notice of this final determination will be published in the *Pennsylvania Bulletin* at which time this determination may be appealed to the Environmental Hearing Board.

The permit application and any related documents are on file at the office listed before the application and available for public review. Arrangements for inspection and copying information should be made with the office listed before the application.

Persons with a disability that require an auxiliary aid, service or other accommodations to participate during the 30-day public comment period should contact the office listed before the application. TDD users may contact the Department through the Pennsylvania AT&T Relay Service at (800) 654-5984.

SAFE DRINKING WATER

Applications Received under the Pennsylvania Safe Drinking Water Act (35 P. S. §§ 721.1—721.17).

Northeast Region: Water Supply Management Program Manager, 2 Public Square, Wilkes-Barre, PA 18711-0790.

Permit No. 5202501, Public Water Supply.

Applicant	Pennsylvania Suburban Water Co. Tafton
Township or Borough	Palmyra Township, Pike County
Responsible Official	Richard Subasic
Type of Facility	Existing Public Water System
Consulting Engineer	Kim Mazur, P.E. Entech Engineering, Inc. 4 South Fourth St. Reading, PA 19603
Application Received Date	January 9, 2002
Description of Action	System upgrades to Tafton Water System including: 4, 6 and 8 inch diameter distribution system piping, 54K storage tank, new well and booster pumps.

Permit No. 5402501, Public Water Supply.

Applicant	Eagle Springs, Inc. 88 West Donaldson Street Tremont/Zerbe, PA 17981
Township or Borough	Hegins Borough, Schuylkill County
Responsible Official	Richard J. Withelder
Type of Facility	Bulk Water Hauling
Consulting Engineer	Jacqueline A. Peleschak, P.E. Alfred Benesch & Company
Application Received Date	January 7, 2002
Description of Action	Tanker truck additions and replacement of ozone with a UV light disinfection system.

Southcentral Region: Water Supply Management Program Manager, 909 Elmerton Avenue, Harrisburg, PA 17110.

Permit No. 3602501, Public Water Supply.

Applicant	Manheim Borough Authority
Municipality	Rapho Township

County **Lancaster**
 Responsible Official Mervin B. Brandt, Chairperson
 15 East High Street
 Manheim, PA 17545
 Type of Facility Public Water Supply
 Consulting Engineer George H. Wagner Jr.
 Rettew Assoc., Inc.
 3020 Columbia Ave.
 Lancaster, PA 17603
 Application Received January 8, 2002
 Date
 Description of Action Project is for the extension of
 5,625-feet of 8-inch water line
 from the Manheim Borough water
 system to serve an existing devel-
 opment in Rapho Township that is
 experiencing water quality and
 quantity problems. A booster
 pump station will be installed to
 maintain pressure during fire-flow
 conditions.

*Central Office: Bureau Director, Water Supply and
 Wastewater Management, P. O. Box 8467, Harrisburg, PA
 17105-8467.*

Permit No. 9996507, Public Water Supply.

Applicant **Fountain Natural Spring Wa-
 ter Co., Inc.**
 Borough Keyser, WV
 Responsible Official Eugene C. Savieo, President
 Type of Facility Out-of-State Bottled Water Sys-
 tem
 Application Received January 8, 2002
 Date
 Description of Action Applicant requesting Department
 approval to sell bottled water in
 Pennsylvania under the brand
 name Fountain Spring Water.

MINOR AMENDMENT

**Applications Received under the Pennsylvania Safe
 Drinking Water Act (35 P. S. §§ 721.1—721.17).**

*Northeast Region: Water Supply Management Program
 Manager, 2 Public Square, Wilkes-Barre, PA 18711-0790.*

Application No. N/A, Minor Amendment.

Applicant **Eagle Springs, Inc.**
 88 West Donaldson Street
 Tremont/Zerbe, PA 17981
 Township or Borough Hegins Township, **Schuylkill
 County**
 Responsible Official Richard J. Withelder
 Type of Facility Bulk Water Hauling
 Consulting Engineer Jacqueline A. Peleschak, P.E.
 Alfred Benesch & Company
 Application Received January 7, 2002
 Date
 Description of Action The addition of three trucks to
 the fleet and the dedication of one
 truck for product water.

Application No. Minor Amendment.

Applicant **Upper Saucon Township**
 Township or Borough Upper Saucon Township
 Responsible Official Bernard A. Rodgers, Manager
 Upper Saucon Township
 5500 Camp Meeting Road
 Center Valley, PA 18034
 Type of Facility Public Water Supply
 Consulting Engineer Douglas P. Hunsinger, P.E.
 Keystone Consulting Engineers,
 Inc.
 433 East Broad Street
 Bethlehem, PA 18018
 Application Received December 26, 2001
 Date
 Description of Action Approval to construct a 1.0 mil-
 lion gallon ground level, welded
 steel water storage tank and asso-
 ciated transmission mains.

*Southwest Region: Water Supply Management Program
 Manager, 400 Waterfront Drive, Pittsburgh, PA 15222-
 4745.*

Application No. 6501503, Minor Amendment.

Applicant **Ligonier Municipal Authority**
 Town Hall, 120 East Main Street
 Ligonier, PA 15658
 Township Ligonier Township
 Responsible Official Paul Fry, Authority Chairperson
 Ligonier Municipal Authority
 Town Hall, 120 East Main Street
 Ligonier, PA 15658
 Type of Facility Water storage tank
 Consulting Engineer The EADS Group, Inc.
 450 Aberdeen Drive
 Somerset, PA 15501
 Application Received December 26, 2001
 Date
 Description of Action Construction of a 500,000 gallon
 water storage tank, installation of
 an emergency generator, installa-
 tion of meters.

Application No. 0201506, Minor Amendment.

Applicant **Harrison Township Water Au-
 thority**
 1705 Rear Freeport Road
 Natrona Heights, PA 15065
 Township Harrison Township
 Responsible Official Eileene Ripper
 Harrison Township Water Author-
 ity
 1705 Rear Freeport Road
 Natrona Heights, PA 15065
 Type of Facility Potassium permanganate
 Consulting Engineer NIRA Consulting Engineers, Inc.
 950 Fifth Avenue
 Coraopolis, PA 15108

Application Received December 18, 2001
 Date
 Description of Action Introduction of potassium
 permanganate into the raw water.

LAND RECYCLING AND ENVIRONMENTAL REMEDIATION

UNDER ACT 2, 1995

PREAMBLE 1

Acknowledgment of Notices of Intent to Remediate Submitted under the Land Recycling and Environmental Remediation Standards Act (35 P. S. §§ 6026.101—6026.908)

Sections 302—305 of the Land Recycling and Environmental Remediation Standards Act (Act) require the Department of Environmental Protection (Department) to publish in the *Pennsylvania Bulletin* an acknowledgment noting receipt of any Notices of Intent to Remediate. An acknowledgment of the receipt of a Notice of Intent to Remediate is used to identify a site where a person proposes to or has been required to, respond to a release of a regulated substance at a site. Persons intending to use the background standard, Statewide health standard, the site-specific standard or who intend to remediate a site as a special industrial area, must file a Notice of Intent to Remediate with the Department. A Notice of Intent to Remediate filed with the Department provides a brief description of the location of the site, a list of known or suspected contaminants at the site, the proposed remediation measures for the site and a description of the intended future use of the site. A person who demonstrates attainment of one or a combination of the cleanup standards or who receives approval of a special industrial area remediation identified under the Act, will be relieved of further liability for the remediation of the site for any contamination identified in reports submitted to and approved by the Department. Furthermore, the person shall not be subject to citizen suits or other contribution actions brought by responsible persons not participating in the remediation.

Under sections 304(n)(1)(ii) and 305(c)(2) of the Act, there is a 30-day public and municipal comment period for sites proposed for remediation using a site-specific standard, in whole or in part and for sites remediated as a special industrial area. This period begins when a summary of the Notice of Intent to Remediate is published in a newspaper of general circulation in the area of the site. For the sites identified below, proposed for remediation to a site-specific standard or as a special industrial area, the municipality, within which the site is located, may request to be involved in the development of the remediation and reuse plans for the site if the request is made within 30 days of the date specified. During this comment period the municipality may request that the person identified, as the remediator of the site, develop and implement a public involvement plan. Requests to be involved and comments, should be directed to the remediator of the site.

For further information concerning the content of a Notice of Intent to Remediate, contact the Environmental Cleanup Program Manager in the Department Regional Office after which the notice appears. If information concerning this acknowledgment is required in an alternative form, contact the Community Relations Coordina-

tor at the appropriate Regional Office listed. TDD users may telephone the Department through the AT&T Relay Service at (800) 654-5984.

The Department has received the following Notices of Intent to Remediate:

Northeast Regional Field Office: Joseph A. Brogna, Environmental Cleanup Program Manager, 2 Public Square, Wilkes-Barre, PA 18711-0790, (570) 826-2511.

Dorothy Logan Residence, Plains Township, **Luzerne County**. David R. Crowther, Hydrocon Services, Inc., 2945 South Pike Avenue, Allentown, PA 18103 submitted a revised Notice of Intent to Remediate (on behalf of his client, Dorothy Logan, Mill Street, Plains, PA 18705) concerning the remediation of soils found or suspected to have been contaminated with no. 2 fuel oil constituents. The applicant now proposes to remediate the site to meet the site-specific standard. A summary of the revised Notice of Intent to Remediate was published in *The Times Leader* on November 19, 2001. A Remedial Investigation Report and Final Report were simultaneously submitted.

OPERATE WASTE PROCESSING OR DISPOSAL AREA OR SITE

Application received under the Solid Waste Management Act (35 P. S. §§ 6018.101—6018.1003), the Municipal Waste Planning, Recycling and Waste Reduction Act (53 P. S. §§ 4000.101—4000.1904) and Regulations to Operate Solid Waste Processing or Disposal Area or Site.

Southcentral Region: Regional Solid Waste Manager, 909 Elmerton Avenue, Harrisburg, PA 17110.

Permit Application No. 101509. New Morgan Landfill Co., Inc., P. O. Box 128, Morgantown, PA 19543-0128, New Morgan Borough, **Berks County**. Major permit modification for the Conestoga Landfill for Increase in Average Daily Volume. The application was determined to be administratively complete by the Southcentral Regional Office on January 14, 2002.

Comments concerning the application should be directed to Keith Kerns, Program Manager, Waste Management Program, Southcentral Regional Office, 909 Elmerton Avenue, Harrisburg, PA 17110. Persons interested in obtaining more information about the general permit application may contact the Waste Management Program, (717) 705-4706. TDD users may contact the Department through the Pennsylvania Relay service, (800) 654-5984. Public comments must be submitted within 60 days of this notice and may recommend revisions to and approval or denial of the application.

AIR QUALITY

NOTICE OF PLAN APPROVAL AND OPERATING PERMIT APPLICATIONS

NEW SOURCES AND MODIFICATIONS

The Department of Environmental Protection (DEP) has developed an "integrated" plan approval, State Operating Permit and Title V Operating Permit program. This integrated approach is designed to make the permitting process more efficient for DEP, the regulated community and the public. This approach allows the owner or operator of a facility to complete and submit all the permitting documents relevant to its application one time, affords an opportunity for public input and provides for sequential issuance of the necessary permits.

DEP has received applications for plan approvals and/or operating permits from the following facilities.

Copies of these applications, subsequently prepared draft permits, review summaries and other support materials are available for review in the Regional Office identified in this notice. Persons interested in reviewing the application files should contact the appropriate Regional Office to schedule an appointment.

Persons wishing to receive a copy of the proposed Plan Approval or Operating Permit must indicate their interest to the DEP Regional Office within 30 days of the date of this notice and must file protests or comments on a Proposed Plan Approval or Operating Permit within 30 days of DEP providing a copy of the proposed document to that person or within 30 days of its publication in the *Pennsylvania Bulletin*, whichever comes first. Interested persons may also request that a hearing be held concerning the proposed plan approval and operating permit. Any comments or protests filed with DEP Regional Offices must include a concise statement of the objections to the issuance of the plan approval or operating permit and relevant facts, which serve as the basis for the objections. If DEP schedules a hearing, a notice will be published in the *Pennsylvania Bulletin* at least 30 days prior the date of the hearing.

Persons with a disability who wish to comment and require an auxiliary aid, service or other accommodation to participate should contact the Regional Office identified. TDD users may contact DEP through the Pennsylvania AT&T Relay Service at (800) 654-5984.

Final plan approvals and operating permits will contain terms and conditions to ensure that the source is constructed and operating in compliance with applicable requirements in 25 Pa. Code Chapters 121–143, the Federal Clean Air Act and regulations adopted under the Act.

PLAN APPROVALS

Plan Approval Applications Received under the Air Pollution Control Act (35 P. S. §§ 4001–4015) and 25 Pa. Code Chapter 127, Subchapter B that may have special public interest. These applications are in review and no decision on disposition has been reached.

Southcentral Region: Air Quality Program, 909 Elmerton Avenue, Harrisburg, PA 17110; Contact: Ronald Davis, New Source Review Chief, (717) 705-4702.

36-05008B: Tyson Foods, Inc. (403 South Custer Avenue, New Holland, PA 17557) for construction of a vegetable oil fryer controlled by a wet scrubber in Earl Township, **Lancaster County**.

07-310-025B: Grannas Brothers Stone & Asphalt Co., Inc. (P. O. Box 488, Hollidaysburg, PA 16648) for installation of a limestone crushing unit controlled by wet suppression at the existing limestone crushing and screening plant in Catharine Township, **Blair County**. This facility is subject to 40 CFR Part 60, Subpart OOO—Standards of Performance for Nonmetallic Mineral Processing Plants.

Northcentral Region: Air Quality Program, 208 West Third Street, Williamsport, PA 17701; Contact: David Aldenderfer, Program Manager, (570) 327-3637.

08-302-042A: Oak Hill Veneer, Inc. (P. O. Box 304, Troy, PA 16947) for construction of an 11.725 million Btu per hour natural gas-fired boiler in Troy Township,

Bradford County. This boiler is subject to Subpart Dc of the Federal Standards of Performance for New Stationary Sources.

Southwest Region: Air Quality Program, 400 Waterfront Drive, Pittsburgh, PA 15222-4745; Contact: William Charlton, New Source Review Chief, (412) 442-4174.

03-00023A: Allegheny Energy Supply LLC (4350 Northern Pike, Monroeville, PA 15146) for installation of NOx control system on #1 and #2 boilers at Armstrong Power Station in Washington Township, **Armstrong County**.

30-00099A: Allegheny Energy Supply LLC (4350 Northern Pike, Monroeville, PA 15146) for installation of NOx control system on Units 1–3 boilers at Hatfield Power Station in Monongahela Township, **Greene County**.

Intent to Issue Plan Approvals and Intent to Issue or Amend Operating Permits under the Air Pollution Control Act (35 P. S. §§ 4001–4015) and 25 Pa. Code Chapter 127, Subchapter B. These actions may include the administrative amendments of an associated operating permit.

Northeast Region: Air Quality Program, 2 Public Square, Wilkes-Barre, PA 18711-0790; Contact: James Parette, New Source Review Chief, (570) 826-2531.

13-318-006: Kovatch Mobile Equipment (One Industrial Complex, Nesquehoning, PA 18240) for installation of four paint spray booths and one sand blast booth in Nesquehoning Borough, **Carbon County**. The new paint booths will emit 4.00 TPY of volatile organic compounds (VOCs). The installation will not emit particulate emissions more than 0.04 grain/dscf. The Plan Approval and Operating permit will contain additional recordkeeping and operating restrictions designed to keep the facility operating within all applicable air quality requirements. The facility currently has a Title V Permit 13-00008. This plan approval will, in accordance with 25 Pa. Code § 127.450, be incorporated into the Title V Operating Permit through an administrative amendment at a later date.

40-318-052: All Steel, Inc. (Valmont Industrial Park, 425 Jaycee Drive, West Hazleton, PA 18202) for installation of two paint spray booths in Hazle Township, **Luzerne County**. The facility is consolidating two existing lines into one line and replacing two existing spray booths with new spray booths. The emissions from the facility will not increase. The Plan Approval and Operating permit will contain additional recordkeeping and operating restrictions designed to keep the facility operating within all applicable air quality requirements. The facility currently has a Title V Permit 40-00006. This plan approval will, in accordance with 25 Pa. Code § 127.450, be incorporated into the Title V Operating Permit through an administrative amendment at a later date.

40-313-009A: HPG International, Inc. (Crestwood Industrial Park, Oakhill Road, Mountaintop, PA 18707) for modification of Calendar Lines 9 and 10 at their manufacturing facility in Wright Township, **Luzerne County**. This facility is a non-Title V facility. This modification will result in an increase of 6.75 tons per year of particulate matter and 1.82 tons per year of phenol. The plan approval will include all appropriate monitoring, record keeping and reporting requirements designed to keep the source operating within all applicable air quality requirements.

Southcentral Region: Air Quality Program, 909 Elmerton Avenue, Harrisburg, PA 17110; Contact: Ronald Davis, New Source Review Chief, (717) 705-4702.

67-03041B: County Line Quarry, Inc. (P. O. Box 99, Wrightsville, PA 17368) for construction of a cone crusher, quad deck screen and associated conveyors controlled by fabric filters and water suppression at the Wrightsville Quarry in Hellam Township, **York County**. The facility is a non-Title V (State only) facility. The annual particulate matter emissions are expected to be about 5 tons per year. The facility is subject to 40 CFR Part 60, Subpart OOO—Standards of Performance for Nonmetallic Mineral Processing Plants. The plan approval will include emission limitations, testing, monitoring, record keeping, reporting requirements and work practice standards designed to keep the facility within all applicable air quality requirements.

67-05004D: P. H. Glatfelter Co., d/b/a Glatfelter (228 South Main Street, Spring Grove, PA 17362) for installation of a new brownstock washing and screening system and an oxygen delignification system on the hardwood pulping line at the pulp and paper mill located in Spring Grove Borough, **York County**. Plan Approval No. 67-05004D will also authorize the second stage of the high volume, low concentration (HVLC) gas collection system for collecting the gaseous emissions from the process vents on the hardwood pulping line including the new washing and screening systems and burning the gases in the existing No. 3 Recovery Boiler as required by 40 CFR Part 63, Subpart S—National Emission Standards for Hazardous Air Pollutants from the Pulp and Paper Industry and 40 CFR Part 60, Subpart BB—Standards of Performance for Kraft Pulp Mills. The facility currently has a Title V Operating Permit No. 67-05004. This operating permit will, in accordance with 25 Pa. Code § 127.450, be amended to include the new equipment through an administrative amendment at a later date.

The primary pollutants of interest in the HVLC noncondensable gases (NCGs) are total reduced sulfur and hazardous air pollutants, primarily methanol. The NCGs from the hardwood pulping system vents will be collected and transported to the facility's No. 3 Recovery Boiler for combustion. The No. 3 Recovery Boiler is expected to provide efficient control of hazardous air pollutants from the burning of the HVLC NCGs. No net increase in emissions is expected from the HVLC combustion project at the No. 3 Recovery Boiler.

The following special conditions will be included in the plan approval:

1. The permittee shall comply with all provisions of the facility's Title V Operating Permit No. 67-05004 in the execution of the modifications authorized under this plan approval.
2. The facility is subject to 40 CFR Part 63 Subpart S—National Emission Standards for Hazardous Air Pollutants from the Pulp and Paper Industry and shall comply with all applicable provisions of the Subpart.
3. The proposed brownstock washing system is subject to 40 CFR Part 60 Subpart BB—Standards of Performance for Kraft Pulp Mills and shall comply with all applicable provisions of the Subpart.

The Title V Operating Permit contains emission limitations, recordkeeping, monitoring reporting and operating restrictions designed to keep the facility operating within all applicable air quality requirements including 40 CFR Part 63, Subpart S and 40 CFR Part 60, Subpart BB. The

Title V Operating Permit will be modified to include the use of the No. 3 Recovery Boiler as a control device.

Copies of the plan approval applications, the Department's analysis and other relevant information are available for public review at the Department's Southcentral Regional Office, 909 Elmerton Avenue, Harrisburg, PA 17110-8200. An appointment to review the documents may be scheduled by contacting Cynthia Wolfe at (717) 705-4732 between 8 a.m. and 3:30 p.m., Monday through Friday, except holidays.

Interested persons may submit written comments to Ronald Davis, Chief, New Source Review Section, 909 Elmerton Avenue, Harrisburg, PA 17110-8200, within 30 days of this notice. Written comments should include the name, address and telephone number of the persons submitting the comments along with the reference number of the proposed plan approvals, as well as a concise statement regarding the relevancy of the information of objections to the issuance of the plan approval.

The Department reserves the right to hold a public hearing on the proposed action based upon the information received during the comment period. The Department will give notice of any scheduled public hearing at least 30 days in advance of the hearing. The hearing notice will be published in the *Pennsylvania Bulletin* and a newspaper of general circulation where the facility is located. Requests for a public hearing should be directed to Ronald Davis at the aforementioned address or by calling (717) 705-4702.

67-05030B: C-P Converters, Inc. (15 Grumbacher Road, York, PA 17402) for installation of Flexographic Press #12 controlled by permanent total enclosure and catalytic incinerator in Manchester Township, **York County**. The Press #12 will be installed in place of the recently removed Press #2. The facility's major sources of emissions include the flexographic presses which primarily emit VOC. The facility currently has Title V Operating Permit No. 67-05030 with the facility emission cap of 129 tpy VOC. This Plan Approval will not result in any change in the facility emissions. This plan approval will, in accordance with 25 Pa. Code § 127.450, be incorporated into the Title V operating permit through an administrative amendment at a later date. The Title V operating permit will contain monitoring, recordkeeping and reporting requirements designed to keep the facility operating within all applicable air quality requirements.

PUBLIC HEARINGS

Northeast Region: Air Quality Program, 2 Public Square, Wilkes-Barre, PA 18711-0790; Contact: James Parette, New Source Review Chief, (570) 826-2531.

48-328-004: Lower Mount Bethel Energy, LLC (LMBE) (11350 Random Hills Road, Suite 400, Fairfax, VA 22030) for construction of two combined-cycle combustion turbines with duct burners and a cooling tower at their facility in Lower Mount Bethel Township, **Northampton County**. See 31 Pa.B. 6505 (November 24, 2001).

Applicable requirements for the proposed facility include the prevention of significant deterioration. According to 40 CFR 52.21(l)(2), an alternative to the air quality models specified in 40 CFR Part 51, Appendix W (relating Guideline on Air Quality Models) may be used to model air quality if the United States Environmental Protection Agency (EPA) approves the substitute model. Use of the substituted model must also be subject to notice and an opportunity for public comment.

As an alternative to EPA Guideline Models, AERMOD was used in the air quality analysis for the proposed LMBE facility. Specific approval for the use of AERMOD in this analysis was granted by the EPA Region III Administrator and was consistent with the recommendations under section 3.2 of Appendix W to 40 CFR Part 51. The LMBE Public Notification to Solicit Comments on Plan Approval Application No. 48-328-004 published at 31 Pa. B. 559 (January 27, 2001) did not, however, indicate expressly that AERMOD was being used to model all sources included in the modeling analysis for the proposed LMBE facility. Therefore, the Department is expressly requesting written comments and oral testimony on AERMOD, the EPA-approved substitute model used for the LMBE project. After the record is reviewed, the Department may initiate appropriate action including a modification or revocation of the plan approval, if warranted.

Under 25 Pa. Code §§ 127.44 and 127.83 and 40 CFR 52.21(l)(2) and (q), notice is hereby given that the Department is soliciting written comments on the use of the nonguideline model, AERMOD, approved by the EPA. The Department will accept written comments until March 16, 2002. Copies of the modeling analysis used in the evaluation are available for public inspection between the hours of 8 a.m. and 4 p.m. at the Department's Wilkes-Barre Office, 2 Public Square, Wilkes-Barre, PA. Appointments for scheduling a review may be made by calling (570) 826-2511.

The Department will also hold a public hearing for the purpose of receiving oral testimony on the use of the substituted air quality model AERMOD, approved by EPA for modeling of all sources included in the modeling analysis for the proposed LMBE facility. The public hearing will be held on March 6, 2002, at 7 p.m. at the Nazareth Area Middle School, Tatamy Road, Upper Nazareth Township, PA.

Persons interested in providing oral testimony should submit a written notice to Thomas A. DiLazaro, Air Quality Program Manager and Hearing Chairperson, Department of Environmental Protection, Air Quality Program, 2 Public Square, Wilkes-Barre, PA 18711-0790, at least 24 hours prior to the hearing to reserve a time to present oral testimony. Persons unable to attend the hearing may submit written testimony to the Department through March 16, 2002.

The written notice of intent to provide oral testimony should include the person's name, address, telephone number and a brief description as to the nature of the testimony. Individuals who submit a notice of intent to testify will be given priority on the agenda. If time permits, the Department will provide individuals who failed to provide prior written notice, an opportunity to testify.

The public hearing will be conducted according to the following procedures:

Oral testimony will be limited to 10 minutes for each witness. The Department requests that witnesses submit two written copies of their oral testimony to the hearing chairperson at the hearing. Organizations are limited to designating one witness to present testimony on their behalf at the hearing. To insure that all interested persons have a fair and equal opportunity to present their testimony, relinquishing of time will be prohibited. Additional information pertaining to hearing procedures will be provided in an opening statement at the hearing on March 6, 2002.

Persons with a disability who wish to attend the hearing and require auxiliary aid, service or other accommodation to participate should contact Richard Shudak at (570) 826-2511 or through the Pennsylvania AT&T relay service at (800) 654-5984 (TDD) to discuss how the Department may accommodate their needs.

For additional information regarding this public notice, contact Thomas A. DiLazaro at (570) 826-2435 or write to the Department at the Wilkes-Barre address given previously.

48-328-005A: Reliant Energy Portland, LLC (P. O. Box 328, Portland, PA 18351) for construction of two combined-cycle combustion turbines with duct burners and a cooling tower at their facility in Upper Mount Bethel Township, **Northampton County**. See 31 Pa.B. 857 (February 10, 2001).

Applicable requirements for the proposed facility include the prevention of significant deterioration. According to 40 CFR 52.21(l)(2), an alternative to the air quality models specified in 40 CFR Part 51, Appendix W (relating Guideline on Air Quality Models) may be used to model air quality if the United States Environmental Protection Agency (EPA) approves the substitute model. Use of the substituted model must also be subject to notice and an opportunity for public comment.

As an alternative to EPA Guideline Models, AERMOD was used in the air quality analysis for the proposed Reliant Energy Portland LLC facility. Specific approval for the use of AERMOD in this analysis was granted by the EPA Region III Administrator and was consistent with the recommendations under section 3.2 of Appendix W to 40 CFR Part 51. The Reliant Energy Portland LLC Public Notification to Solicit Comments on Plan Approval Application No. 48-328-005A published at 31 Pa. B. 4206 (August 4, 2001) did not, however, indicate expressly that AERMOD was being used to model all sources included in the modeling analysis for the proposed Reliant Energy Portland LLC facility. Therefore, the Department is expressly requesting written comments and oral testimony on AERMOD, the EPA-approved substitute model used for the Reliant Energy Portland LLC project.

Under 25 Pa. Code §§ 127.44 and 127.83 and 40 CFR 52.21(l)(2) and (q), the Department is soliciting written comments on the use of the nonguideline model, AERMOD, approved by the EPA. The Department will accept written comments until March 16, 2002. Copies of the modeling analysis used in the evaluation are available for public inspection between the hours of 8 a.m. and 4 p.m. at the Department's Wilkes-Barre Office, 2 Public Square, Wilkes-Barre, PA. Appointments for scheduling a review may be made by calling (570) 826-2511.

The Department will also hold a public hearing for the purpose of receiving oral testimony on the use of the substituted air quality model AERMOD, approved by EPA for modeling of all sources included in the modeling analysis for the proposed Reliant Energy Portland LLC facility. The public hearing will be held on March 6, 2002, at 7 p.m. at the Nazareth Area Middle School, Tatamy Road, Upper Nazareth Township, PA.

Persons interested in providing oral testimony should submit a written notice to Thomas A. DiLazaro, Air Quality Program Manager and Hearing Chairperson, Department of Environmental Protection, Air Quality Program, 2 Public Square, Wilkes-Barre, PA 18711-0790, at least 24 hours prior to the hearing to reserve a time to present oral testimony. Persons unable to attend the hearing may submit written testimony to the Department through March 16, 2002.

The written notice of intent to provide oral testimony should include the person's name, address, telephone number and a brief description as to the nature of the testimony. Individuals who submit a notice of intent to testify will be given priority on the agenda. If time permits, the Department will provide individuals who failed to provide prior written notice, an opportunity to testify.

The public hearing will be conducted according to the following procedures:

Oral testimony will be limited to 10 minutes for each witness. The Department requests that witnesses submit two written copies of their oral testimony to the hearing chairperson at the hearing. Organizations are limited to designating one witness to present testimony on their behalf at the hearing. To insure that all interested persons have a fair and equal opportunity to present their testimony, relinquishing of time will be prohibited. Additional information pertaining to hearing procedures will be provided in an opening statement at the hearing on March 6, 2002.

Persons with a disability who wish to attend the hearing and require auxiliary aid, service or other accommodation to participate should contact Richard Shudak at (570) 826-2511 or through the Pennsylvania AT&T relay service at (800) 654-5984 (TDD) to discuss how the Department may accommodate their needs.

For additional information regarding this public notice, contact Thomas A. DiLazaro at (570) 826-2435 or write to the Department at the Wilkes-Barre address given previously.

OPERATING PERMITS

Intent to Issue Title V Operating Permits under the Air Pollution Control Act (35 P. S. §§ 4001—4015) and 25 Pa. Code Chapter 127, Subchapter G.

Northwest Region: Air Quality Program, 230 Chestnut Street, Meadville, PA 16335-3481; Contact: Eric Gustafson, Facilities Permitting Chief, (814) 332-6940.

25-00179: City of Erie, Erie Wastewater Treatment Plant (68 Port Access Road, Erie, PA 16507) in Erie Borough, **Erie County**. The facility's air emission sources are the wastewater treatment plant and associated equipment, two sewage sludge incinerators and four generators. The facility is a major stationary source as defined in Title I, Part D of The Clean Air Act Amendments.

Intent to Issue Operating Permits under the Air Pollution Control Act (35 P. S. §§ 4001—4015) and 25 Pa. Code Chapter 127, Subchapter F.

Northeast Region: Air Quality Program, 2 Public Square, Wilkes-Barre, PA 18711-0790; Contact: Michael Salko, Facilities Permitting Chief, (570) 826-2531.

39-302-168: Jaindl's, Inc. (3150 Coffeetown Road, Orefield, PA 18069) for operation of a Superior Boiler in North Whitehall Township, **Lehigh County**.

Northcentral Region: Air Quality Program, 208 West Third Street, Williamsport, PA 17701; Contact: David Aldenderfer, Program Manager, (570) 327-3637.

60-310-007: Iddings Quarry, Inc. (900 Chestnut Street, Mifflinburg, PA 17844) for operation of a stone crushing and screening operation in Limestone Township, **Union County**.

The fugitive particulate matter emissions from the crushers, screens, conveyors, and the like, incorporated in the respective stone crushing and screening operation are controlled by a water spray dust suppression system. The applicant has demonstrated that this system is capable of controlling the emissions to within the emission limitations specified in 25 Pa. Code § 123.1. The plant also incorporates a total of five diesel-fired reciprocating internal combustion engines and generators, the operation of which will result in the combined emission of up to 6.26 tons of nitrogen oxides, 1.35 tons of carbon monoxide, .51 ton of volatile organic compounds, .44 ton of particulate matter and .41 ton of sulfur oxides in a 12 consecutive month period.

The Department has determined that the stone crushing and screening operation has been constructed and is operating, in conformance with all conditions of Plan Approval 60-310-007 as well as in compliance with all applicable regulatory requirements pertaining to air contamination sources and the emission of air contaminants including the best available technology requirements of 25 Pa. Code §§ 127.1 and 127.12. The Department consequently intends to issue an operating permit for the operation of the respective stone crushing and screening operation.

The Department intends to place conditions in the operating permit to be issued which are intended to insure continued compliance with all applicable requirements as well as require appropriate record keeping practices to be employed. The following is a summary of these conditions:

1. The water spray dust suppression system shall consist of the spray nozzles specifically identified in the plan approval. More spray nozzles may be added without the necessity of obtaining plan approval but none may be removed without prior Department approval.

2. The water spray dust suppression system shall be connected to an ondemand water source capable of delivering an adequate supply of water at all times.

3. The stone crushing and screening operation shall not be operated at any time that the water spray dust suppression system cannot be operated due to freezing weather or any other reason.

4. The diesel-fired internal combustion engines and generators incorporated in this stone crushing and screening operation shall not consume more than a combined total of 20,000 gallons of diesel fuel in any 12 consecutive month period. Records shall be maintained of the amount of diesel fuel burned in these engines and generators each month. All records shall be retained for at least 5 years and shall be made available to the Department upon request.

5. An operable water truck equipped with a pressurized spray bar shall be kept onsite and filled with water at all times and shall be used, as needed, to prevent the emission of fugitive dust from plant roadways, and the like.

17-302-023: DuBois Regional Medical Center (P. O. Box 447, DuBois, PA 15801-0447) for operation of three 20.92 million Btu per hour natural gas/#2 oil-fired boilers in the City of DuBois, **Clearfield County**.

The boilers will be equipped with low NOx burners with flue gas recirculation and will primarily burn natural gas, burning #2 fuel oil only when natural gas is unavailable. Only two of the three boilers will be operated simultaneously with the remaining boiler being used as a

standby unit. The boilers will, in total, emit up to 7.34 tons of carbon monoxide, 8.78 tons of nitrogen oxides, 3.18 tons of volatile organic compounds, 2.04 tons of particulate matter and 4.8 tons of sulfur oxide in any 12 consecutive month period.

The Department has determined that the boilers have been constructed and are operating, in conformance with all conditions of Plan Approval 17-302-023 as well as in compliance with all applicable regulatory requirements including the best available technology requirements of 25 Pa. Code §§ 127.1 and 127.12 and Subpart Dc of the Federal Standards of Performance for New Stationary Sources. The Department consequently intends to issue an operating permit for the operation of the respective boilers.

The Department intends to place conditions in the operating permit to be issued which are intended to ensure continued compliance with all applicable requirements as well as require appropriate record keeping practices to be employed. The following is a summary of these conditions:

1. The boilers shall only burn natural gas or #2 fuel oil with a sulfur content of 0.3% or less. The fuel oil shall not have reclaimed or waste oil or other waste materials added to it.

2. The boilers shall not burn more than 213,840 gallons of #2 fuel oil for any 12 consecutive month period. The permittee shall keep monthly records of the amount of #2 fuel oil burned. These records shall be retained on site for at least 5 years and made available to the Department upon request.

3. The boilers shall be equipped with low NOx burners with flue gas recirculation capable of achieving a nitrogen oxides emission rate (corrected to 3% oxygen) of 30 ppm when firing natural gas and 139 ppm when firing #2 fuel oil and a carbon monoxide emission rate (corrected to 3% oxygen) of 50 ppm when firing natural gas (at all loads above 25%) and 90 ppm when firing #2 fuel oil.

4. The air contaminant emissions from the operation of the boilers shall not exceed 8.78 tons of nitrogen oxides, 7.34 tons of carbon monoxide and 3.18 tons of volatile organic compounds in any 12 consecutive month period.

Southwest Region: Air Quality Program, 400 Waterfront Drive, Pittsburgh, PA 15222-4745; Contact: Mark Wayner, Facilities Permitting Chief, (412) 442-4174.

63-00909: Ionics, Inc. (P. O. Box 560, Canonsburg, PA 15317) for surface coatings and abrasive blast operations at their Canonsburg facility in Canonsburg Borough, **Washington County**.

32-00206: Mears Enterprises, Inc. (P. O. Box 157, Clymer, PA 15728) for operation of wet coal prep plant at the Clymer Tipple in Cherryhill Township, **Indiana County**.

56-00253: Senate Coal Mines, Inc. (One Energy Place, Suite 5100, Latrobe, PA 15650) for a coal crushing and refuse reclaim operation at the Acosta Plant in Jenner Township, **Somerset County**.

MINING ACTIVITY APPLICATIONS

Applications under the Surface Mining Conservation and Reclamation Act (52 P. S. §§ 1396.1—1396.19a); the Noncoal Surface Mining Conservation and Reclamation Act (52 P. S. §§ 3301—3326); The Clean Streams Law (35 P. S. §§ 691.1—691.1001); the Coal Refuse Disposal Control Act (52 P. S. §§ 30.51—30.66); The Bituminous Mine Subsidence and Land Conservation Act (52 P. S.

§§ 1406.1—1406.21). Mining activity permits issued in response to the applications will also address the applicable permitting requirements of the following statutes: the Air Pollution Control Act (35 P. S. §§ 4001—4015); the Dam Safety and Encroachments Act (32 P. S. §§ 693.1—693.27); and the Solid Waste Management Act (35 P. S. §§ 6018.101—6018.1003).

The following permit applications to conduct mining activities have been received by the Department of Environmental Protection (Department). A copy of the application is available for inspection at the District Mining Office indicated before each application. Where a 401 Water Quality Certification is needed for any aspect of a particular proposed mining activity, the submittal of the permit application will serve as the request for certification.

Written comments or objections or requests for informal conferences on applications, may be submitted by any person or any officer or head of any Federal, State or local government agency or authority to the Department at the same address within 30 days of this publication or within 30 days after the last publication of the applicant's newspaper advertisement, as provided by 25 Pa. Code §§ 77.121—77.123 and 86.31—86.34 (relating to public notices of filing of permit applications, opportunity for comment and informal conferences).

Where any of the mining activities listed will have discharges of wastewater to streams, the Department will incorporate NPDES permits into the mining activity permits issued in response to these applications. NPDES permits will contain, at a minimum, technology-based effluent limitations (as described in the Department's regulations—25 Pa. Code §§ 77.522, 87.102, 88.92, 88.187, 88.242, 89.52 and 90.102) for iron, manganese, suspended solids, settleable solids, alkalinity and pH. In addition to the previous, more restrictive effluent limitations, restrictions on discharge volume or restrictions on the extent of mining which may occur will be incorporated into a mining activity permit, when necessary, for compliance with water quality standards (in accordance with 25 Pa. Code Chapters 93 and 95). Persons or agencies which have requested review of the NPDES permit requirements for a particular mining activity within the previously-mentioned public comment period will be provided with a 30-day period to review and submit comments on those requirements.

Written comments or objections should contain the name, address and telephone number of persons submitting comments or objections; application number; and a statement of sufficient detail to inform the Department on the basis of comment or objection and relevant facts upon which it is based. Requests for an informal conference must contain the name, address and telephone number of requestor; application number; a brief summary of the issues to be raised by the requestor at the conference; and a statement whether the requestor desires to have the conference conducted in the locality of the proposed mining activities.

Coal Applications Received

Pottsville District Mining Office: 5 West Laurel Boulevard, Pottsville, PA 17901-2454, (570) 621-3118.

22851601R3. The Harriman Coal Corporation (978 Gap Street, Valley View, PA 17983), renewal of an existing anthracite coal preparation plant operation in Wiconisco Township, **Dauphin County** affecting 13.0 acres, receiving stream—none (no discharge). Application received: January 3, 2002.

Hawk Run District Mining Office: Empire Road, P. O. Box 209, Hawk Run, PA 16840-0209, (814) 342-8200.

17010107 and NPDES Permit No. PA0243094. Hepburnia Coal Company, P. O. Box I, Grampian, PA 16838. Transfer of an existing Surface Mine Permit Application from Thunder Coal Company, located in Pike Township, **Clearfield County** affecting 21.1 acres. Receiving streams: unnamed tributary to Welch Run and Welch Run to the West Branch of the Susquehanna River. Application received: March 10, 2001.

17960122 and NPDES Permit No. PA 0220493. Forcey Coal, Inc., P. O. Box 225, Madera, PA 16661. Renewal of an existing bituminous surface mine-auger permit in Bigler Township, **Clearfield County** affecting 118 acres. Receiving streams: Muddy Run and Banian Run to Muddy Run, Muddy Run to Clearfield Creek, Clearfield Creek to West Branch Susquehanna River. Application received: December 7, 2001.

17900140 and NPDES Permit No. PA 0206423. Junior Coal Contracting, Inc., R. D. 3, Box 225A, Philipsburg, PA 16866. Renewal of an existing bituminous surface mine permit in Decatur Township, **Clearfield County** affecting 63.9 acres. Receiving streams: tributaries to Laurel Run to Moshannon Creek to the West Branch Susquehanna River. Application received: December 12, 2001.

McMurray District Mining Office: 3913 Washington Road, McMurray, PA 15317, (724) 941-7100.

56011301. NPDES Permit # N/A, Future Coal Co., Inc. (227 Franklin St., Suite 310, Johnstown, PA 15901), to operate the Westvue Mine in Shade Township, Somerset County to operate a new deep mine, Surface Acres Proposed 28, Underground Acres Proposed 423, SCP Acres Proposed 423, CRDP Support Acres Proposed N/A, CRDP Refuse Disposal Acres Proposed N/A, tributary to Oven Run, classified for the following uses: CWF. The first downstream potable water supply intake from the point of discharge is Hooversville Water Co. Application received: June 7, 2001.

30841602. NPDES Permit # PA0215562, Duquesne Light Co. (P. O. Box 457, Greensboro, PA 15338), to revise the permit for the Warwick Mine No. 2, Coal Prep Plant in Monongahela Township, Greene County to revise permit to install stream crossing, Surface Acres Proposed N/A, Underground Acres Proposed N/A, SCP Acres Proposed N/A, CRDP Support Acres Proposed N/A, CRDP Refuse Disposal Acres Proposed N/A, no additional discharges, classified for the following uses: N/A. The first downstream potable water supply intake from the point of discharge is N/A. Application received: October 12, 2001.

30841310. NPDES Permit # PA0046132, Duquesne Light Co. (P. O. Box 457, Greensboro, PA 15338), to revise the permit for the Warwick No. 3 Mine, Portal No. 3 in Dunkard Township, Greene County to revise post mining land use plan on 11.5 acres, Surface Acres Proposed N/A, Underground Acres Proposed N/A, SCP Acres Proposed N/A, CRDP Support Acres Proposed N/A, CRDP Refuse Disposal Acres Proposed N/A, no additional discharges, classified for the following uses: N/A. The first downstream potable water supply intake from the point of discharge is N/A. Application received: December 3, 2001.

32881301. NPDES Permit # PA0215538, Mears Enterprises (P. O. Box 157, Clymer, PA 15728-0157), to revise the permit the Penn Run Mine in Cherryhill Township, Greene County to add Portal #2, Surface

Acres Proposed 14.0, Underground Acres Proposed N/A, SCP Acres Proposed N/A, CRDP Support Acres Proposed N/A, CRDP Refuse Disposal Acres Proposed N/A, unnamed tributary to Penn Run, classified for the following uses: CWF. The first downstream potable water supply intake from the point of discharge is Indiana County Municipal Services Authority. Application received: December 10, 2001.

30831303. NPDES Permit # PA0013511, RAG Cumberland Res., L.P. (P. O. Box 1020, Waynesburg, PA 15370), to revise permit for the Cumberland Mine in Whitely Township, Greene County to add 21 ventilation boreholes, two stream crossings (fords) and additional 3.94 surface acres, Surface Acres Proposed N/A, Underground Acres Proposed N/A, SCP Acres Proposed N/A, CRDP Support Acres Proposed N/A, CRDP Refuse Disposal Acres Proposed N/A, no additional discharges, classified for the following uses: N/A. The first downstream potable water supply intake from the point of discharge is N/A. Application received: December 13, 2001.

32841307. NPDES Permit # PA0092193, Tanoma Coal Co., Inc. (600 Rayne Run Rd., Marion Center, PA 15759), to renew the permit for the Tanoma Mine in Rayne Township, Indiana County to renew NPDES permit, Surface Acres Proposed N/A, Underground Acres Proposed N/A, SCP Acres Proposed N/A, CRDP Support Acres Proposed N/A, CRDP Refuse Disposal Acres Proposed N/A, no additional discharges, classified for the following uses: N/A. The first downstream potable water supply intake from the point of discharge is N/A. Application received: December 18, 2001.

56841306. NPDES Permit # PA0213730, Lion Mining Co. (P. O. Box 209, Jennerstown, PA 15547), to renew the permit for the Grove No. 1/E-Seam Mine in Jenner Township, Somerset County to renew permit, Surface Acres Proposed N/A, Underground Acres Proposed N/A, SCP Acres Proposed N/A, CRDP Support Acres Proposed N/A, CRDP Refuse Disposal Acres Proposed N/A, no additional discharges, classified for the following uses: N/A. The first downstream potable water supply intake from the point of discharge is N/A. Application received: December 10, 2001.

32951301. NPDES Permit # PA0215821, Penn-American Coal, L.P., R. D. 1, Box 119A, Avonmore, PA 15618, to revise the permit for the Burrell Mine in Burrell Township, Indiana County to add 185 permit and subsidence control plan acres, Surface Acres Proposed N/A, Underground Acres Proposed N/A, SCP Acres Proposed N/A, CRDP Support Acres Proposed N/A, CRDP Refuse Disposal Acres Proposed N/A, no additional discharges, classified for the following uses: N/A. The first downstream potable water supply intake from the point of discharge is N/A. Application received: December 26, 2001.

Knox District Mining Office: White Memorial Building, P. O. Box 669, Knox, PA 16232-0669, (814) 797-1191.

24920101. Tamburlin Brothers Coal Co., Inc. (P. O. Box 1419, Clearfield, PA 16830). Renewal of an existing bituminous surface strip, auger and use of co-product operation in Fox Township, **Elk County** affecting 33.8 acres. Receiving streams: unnamed tributary of Little Toby Creek, classified for the following uses: Statewide water uses: CWF. No public water supplies are within 10 miles downstream of this proposed operation. Application for reclamation only. Application received: January 4, 2002.

33020101. Cookport Coal Co., Inc. (425 Market Street, Kittanning, PA 16201). Commencement, operation

and restoration of a bituminous surface strip operation in Perry Township, **Jefferson County** affecting 85.5 acres. Receiving streams: Nicely Run and unnamed tributaries, classified for the following uses: Statewide water uses: CWF. No public water supplies are within 10 miles downstream of this proposed operation. Application received: January 7, 2002.

Coal Applications Returned

Pottsville District Mining Office: 5 West Laurel Boulevard, Pottsville, PA 17901-2454, (570) 621-3118.

40990204. HUD, Inc., t/a Emerald Anthracite (P. O. Box 27, 200 East Front Street, Nanticoke, PA 18634), commencement, operation and restoration of an anthracite coal refuse reprocessing operation in Hanover Township and the City of Nanticoke, **Luzerne County** affecting 45.2 acres, receiving stream—none. Application received October 29, 1999. Application returned: January 14, 2002.

ABANDONED MINE RECLAMATION

Under Act 181 of 1984, the Department of Environmental Protection (Department) gives notice of an unsolicited proposal received from **King Coal Sales, Inc.**, Philipsburg, PA, to reclaim an abandoned surface mine in Morris and Boggs Townships, **Clearfield County**. The Department intends to enter into negotiations with King Coal Sales, Inc. to contract for site reclamation.

The project, CN 97-08, involves reclamation of a coal refuse reprocessing site abandoned by Avery Coal Company, Inc. where bonds were forfeited to the Department under Permit No. SMP#17841606. This project also involves CN#96-22, the reclamation of a site abandoned by Graham Brothers Lumber Company where bonds were forfeited to the Department under Permit No. SMP#17820149.

King Coal Sales, Inc. proposes to revegetate 29.9 acres. All areas will be regraded to promote surface drainage and provide integration with surrounding unmined areas.

Interested parties should send comments to Richard L. Joyce, Bureau of Abandoned Mine Reclamation, P. O. Box 8476, Harrisburg, PA, to be received no later than 4 p.m., February 19, 2002.

FEDERAL WATER POLLUTION CONTROL ACT, SECTION 401

The following permit applications and requests for Environmental Assessment approval and requests for Water Quality Certification have been received by the Department of Environmental Protection (Department). Section 401 of the Federal Water Pollution Control Act (FWPCA) (33 U.S.C.A. § 1341(a)), requires the State to certify that the involved projects will not violate the applicable provisions of sections 301—303, 306 and 307 of the FWPCA (33 U.S.C.A. §§ 1311—1313, 1316 and 1317) as well as relevant State requirements. Initial requests for 401 Water Quality Certification will be published concurrently with the permit application. Persons objecting to approval of a request for certification under section 401 or to the issuance of a Dam Permit or Water Obstruction and Encroachment Permit or the approval of an Environmental Assessment must submit any comments, suggestions or objections within 30 days of the date of this notice as well as any questions to the office noted before the application. Comments should contain the name, address and telephone number of the person

commenting, identification of the certification request to which the comments or objections are addressed and a concise statement of comments, objections or suggestions including the relevant facts upon which they are based.

The Department may conduct a fact-finding hearing or an informal conference in response to comments if deemed necessary. Each individual will be notified, in writing, of the time and place of a scheduled hearing or conference concerning the certification request to which the comment, objection or suggestion relates. Maps, drawings and other data pertinent to the certification request are available for inspection between the hours of 8 a.m. and 4 p.m. on each working day at the office noted before the application.

Persons with a disability who wish to attend the hearing and require an auxiliary aid, service or other accommodation to participate in the proceedings should contact the specified program. TDD users may contact the Department through the Pennsylvania AT&T Relay Service at (800) 654-5984.

Applications Received under the Dam Safety and Encroachments Act (32 P. S. §§ 693.1—693.27) and section 302 of the Flood Plain Management Act (32 P. S. § 679.302) and Requests for Certification under section 401 of the Federal Water Pollution Control Act (33 U.S.C.A. § 1341(a)).

WATER OBSTRUCTIONS AND ENCROACHMENTS

Southeast Region: Water Management Program Manager, Lee Park, Suite 6010, 555 North Lane, Conshohocken, PA 19428.

E51-199. St. Joseph's University, 5600 City Avenue, Philadelphia, PA 19131-1395, City of Philadelphia, **County of Philadelphia**, ACOE Philadelphia District.

To construct and maintain a boathouse, a 24 foot long by 60 foot wide boat ramp and 144 foot long by 15-foot wide floating dock in and along the Schuylkill River (WWF, MF) and its floodplain for rowing activities on the river. This site is located in Fairmount Park on the western side of Kelly Drive and approximately 2,000 feet south of the Strawberry Mansion Bridge (Philadelphia, PA-NJ Quadrangle N: 21.2 inches; W: 7.5 inches).

E23-418. Pennsylvania Department of Transportation, District 6, 7000 Geerdes Boulevard, King of Prussia, PA 19406-1525, Chadds Ford Township, **Delaware County**, ACOE Philadelphia District.

To remove an existing deteriorated single span bridge which carries S.R. 0100, Section 67 S over Harvey Run, a tributary to Brandywine Creek (WWF, MF) and to construct and maintain a single span prestressed concrete adjacent plank bridge having a clear span of 30 feet and an average underclearance of 3.97 feet at the same location and the same horizontal alignment. This site is located (Wilmington North, PA Quadrangle N: 22 inches; W: 13 inches).

Southcentral Region: Water Management Program Manager, 909 Elmerton Avenue, Harrisburg, PA 17110.

E21-305. Dickinson College—ALLARM, P. O. Box 1773, Carlisle, PA 17013 in Carlisle Borough, **Cumberland County**, ACOE Baltimore District.

To (1) construct and maintain a permanent intake and a permanent outfall structure to an unnamed tributary to Letort Spring Run (HQ-CWF); and (2) construct a maintain a created wetland in the floodway of the tributary for

the purpose of creating a stormwater treatment system located approximately 1,000 feet upstream of the tributary's confluence with Letort Spring Run (Carlisle, PA Quadrangle N: 12.80 inches; W: 8.85 inches) in Carlisle Borough, Cumberland County.

Southwest Region: Water Management Program Manager, 400 Waterfront Drive, Pittsburgh, PA 15222-4745.

E02-1362. Pugliano Realty, 2808 Broadway Boulevard, Monroeville, PA 15146. Plum Borough, **Allegheny County**, ACOE Pittsburgh District.

To place and maintain fill in a de minimis area of wetlands (PEM/PSS) associated with an unnamed tributary to Thompson Run (WWF) for the purpose of constructing the Pugliano Business Park. The project is located on the north side of Old Franklin Road, approximately 1,000 feet northeast from the intersection of Old Franklin Road and Davidson Road (Braddock, PA Quadrangle N: 16.2 inches; W: 2.3 inches).

E32-416 A1. Pennsylvania Department of Transportation, Engineering District 10-0, P. O. Box 429, Indiana, PA 15701. Burrell Township, **Indiana County**, ACOE Pittsburgh District.

To amend permit E32-416 for the placement and maintenance of additional fill in 0.02 hectare of palustrine emergent wetland for the purpose of improving safety along S.R. 0022. The project is located on S.R. 0022 approximately 4,000 feet east of the Blairsville interchange with S.R. 0119. The wetlands will be replaced along Blacklick Creek (Bolivar, PA Quadrangle N: 13.0 inches; W: 11.5 inches).

ACTIONS

FINAL ACTIONS TAKEN UNDER THE CLEAN STREAMS LAW AND THE FEDERAL CLEAN WATER ACT—NPDES AND WQM PART II PERMITS

INDUSTRIAL WASTE AND SEWERAGE WASTEWATER

The Department of Environmental Protection (Department) has taken the following actions on previously received permit applications and requests for plan approval.

Persons aggrieved by this action may appeal, under section 4 of the Environmental Hearing Board Act (35 P. S. § 7514) and 2 Pa.C.S. §§ 501—508 and 701—704 (relating to the Administrative Agency Law), to the Environmental Hearing Board, Second Floor, Rachel Carson State Office Building, P. O. Box 8457, Harrisburg, PA 17105-8457, (717) 787-3483. TDD users may contact the Board through the Pennsylvania Relay Service, (800) 654-5984. Appeals must be filed with the Environmental Hearing Board within 30 days of receipt of written notice of this action unless the appropriate statute provides a different time period. Copies of appeal form and the Board's rules of practice and procedure may be obtained from the Board. The appeal form and the Board's rules of practice and procedure are also available in Braille or on audiotape from the Secretary of the Board at (717) 787-3483. This paragraph does not, in and of itself, create any right of appeal beyond that permitted by applicable statutes and decisional law.

I. Municipal and Industrial Permit Actions under The Clean Streams Law (35 P. S. §§ 691.1— 691.1001).

Southeast Region: Water Management Program Manager, Lee Park, Suite 6010, 555 North Lane, Conshohocken, PA 19428.

NPDES Permit No. PA0011011, Industrial Waste, **Plymouth Tube Company**, P. O. Box 768, Warrenville, IL 60555-0768. This proposed facility is located in Horsham Township, **Montgomery County**.

Description of Proposed Action/Activity: Renewal to discharge from a facility located at 1005 Horsham Road, Horsham, PA 19044, into an unnamed tributary to Park Creek.

NPDES Permit No. PA0055476, Sewage, **Chadds Ford Township Sewer Authority**, P. O. Box 816, Chadds Ford, PA 19317. This proposed facility is located in Chadds Ford Township, **Delaware County**.

Description of Proposed Action/Activity: Renewal to discharge into an unnamed tributary to Harvey's Run—3H Watershed.

NPDES Permit No. PA0025917, Sewage, **Chalfont-New Britain Township Joint Sewage Authority**, 1645 Upper State road, Doylestown, PA 18901-2666. This proposed facility is located in Doylestown Township, **Bucks County**.

Description of Proposed Action/Activity: Renewal to discharge into Neshaminy Creek; 2F Watershed.

NPDES Permit No. PA0026450, Sewage, **Bristol Township Authority**, 1800 River Road, Croydon, PA 19021. This proposed facility is located in Bristol Township, **Bucks County**.

Description of Proposed Action/Activity: Renewal to discharge into Delaware River (Zone 2).

NPDES Permit No. PA0052493, Sewage, **Roman Delight Restaurant**, 3617 Swamp Road, Fountainville, PA 18923. This proposed facility is located in Plumstead Township, **Bucks County**.

Description of Proposed Action/Activity: Renewal to discharge in an unnamed tributary to North Branch Neshaminy Creek—2F-Neshaminy.

NPDES Permit No. PA0058343, Sewage, **Bedminster Municipal Authority**, P. O. Box 92, Bedminster, PA 18910. This proposed facility is located in Bedminster Township, **Bucks County**.

Description of Proposed Action/Activity: To discharge into an unnamed tributary to Deep Run—2D.

NPDES Permit No. PA0010961, Industrial Waste, **SPS Technologies, Inc.**, Highland Avenue, Jenkintown, PA 19046. This proposed facility is located in Abington Township, **Montgomery County**.

Description of Proposed Action/Activity: Renewal to discharge into Baeder Creek, Tacony Creek and unnamed tributaries to Tacony Creek—3J, Pennypack Watershed.

NPDES Permit No. PA0055875, Sewage, **Upper Hanover Authority**, P. O. Box 205, East Greenville, PA 18041. This proposed facility is located in Upper Hanover Township, **Montgomery County**.

Description of Proposed Action/Activity: Renewal to discharge into an unnamed tributary to Macoby Creek (Perkiomen Watershed).

NPDES Permit No. PA0024121, Sewage, **Little Washington Wastewater Company**, 762 West Lancaster Avenue, Bryn Mawr, PA 19101. This proposed facility is located in Upper Providence Township, **Delaware County**.

Description of Proposed Action/Activity: Renewal to discharge into Ridley Creek—3G.

NPDES Permit No. PA0056511, Sewage, **Barry and Kristen Eves**, 47 Bishop Road, Pottstown, PA 19464. This proposed facility is located in East Coventry Township, **Chester County**.

Description of Proposed Action/Activity: Renewal to discharge into an unnamed tributary to Pigeon Creek.

NPDES Permit No. PA0050342, Sewage, **The Quick Group**, 1045 North Westend Boulevard, Quakertown, PA 18951. This proposed facility is located in Upper Pottsgrove Township, **Montgomery County**.

Description of Proposed Action/Activity: Renewal to discharge into Sproegels Run—3F.

WQM Permit No. 1591204, Industrial Waste, **Agway Inc.**, P. O. Box 4741 Syracuse, NY 13221-4741. This proposed facility is located in Penn Township, **Chester County**.

Description of Proposed Action/Activity: Renewal of WQM Permit to inject treated groundwater back into the groundwater through infiltration beds.

WQM Permit No. 1500411 Amendment No. 1, Sewerage, **Octoraro Area School District**, P. O. Box 500, Route 41 and Highland Road. This proposed facility is located in West Fallowfield Township, **Chester County**.

Description of Proposed Action/Activity: Construction and operation of a dechlorination facility at the existing STP.

Northeast Region: Water Management Program Manager, 2 Public Square, Wilkes-Barre, PA 18711-0790.

WQM Permit No. 4501406, Sewerage, **International Sports Camp**, 1100 Twin Lake Road, Stroudsburg, PA 18360. This proposed facility is located in Jackson Township, **Monroe County**.

Description of Proposed Action/Activity: The construction of a septic system to treat 6,680 gallons per day of domestic wastewater from a summer sports camp and one single permanent dwelling lot. The absorption areas are designed for a peak flow of 15,280 gpd.

Southcentral Region: Water Management Program Manager, 909 Elmerton Avenue, Harrisburg, PA 17110, (717) 705-4707.

NPDES Permit No. PA0026191, Sewage, **Dan Verner, Borough of Huntingdon**, 530 Washington Street, Huntingdon, PA 16652. This proposed facility is located in Huntingdon Borough, **Huntingdon County**.

Description of Proposed Action/Activity: Authorization to discharge to Juniata River in Watershed 11-B.

NPDES Permit No. PA0029106, Sewage, **Douglas Hileman**, Chairperson, **Greenfield Township Municipal Authority**, R. D. 1 Box 948, Claysburg, PA 16625-9737. This proposed facility is located in Greenfield Township, **Blair County**.

Description of Proposed Action/Activity: Authorization to discharge to Frankstown Branch Juniata River in Watershed 11-A.

NPDES Permit No. PA0083836, Sewage, **Saleta Stewart, Pine Run, Inc.**, 1880 Pine Run Road, Abbotstown, PA 17301-8645. This proposed facility is located in Hamilton Township, **Adams County**.

Description of Proposed Action/Activity: Authorization to discharge to unnamed tributary of Conewago Creek in Watershed 7-F.

NPDES Permit No. PA0087173, Sewage, **David B. Cunningham, High Point Baptist Chapel**, P. O. Box 188, Geigertown, PA 19523. This proposed facility is located in Robeson Township, **Berks County**.

Description of Proposed Action/Activity: Authorization to discharge to Hay Creek in Watershed 3-C.

NPDES Permit No. PA0045004, Sewerage, **Bennett Leas, Lake Meade Municipal Authority, Inc.**, 59 Curtis Drive, East Berlin, PA 17316-9220. This proposed facility is located in Reading Township, **York County**.

Description of Proposed Action/Activity: Authorization to discharge to Mud Run in Watershed 7-F.

NPDES Permit No. PA0081396, Sewerage, **Irvin Peifer, Laurelwood Mobile Home Park**, 204 Stone Mill Drive, Elizabethtown, PA 17022. This proposed facility is located in Newberry Township, **York County**.

Description of Proposed Action/Activity: Authorization to discharge to unnamed tributary of Bennett Run in Watershed 7-F.

NPDES Permit No. PA0042269, Sewerage, **Michael Kyle**, Executive Director, 130 Centerville Road, Lancaster, PA 17603. This proposed facility is located in Manor Township, **Lancaster County**.

Description of Proposed Action/Activity: Authorization to discharge to Dry Run in Watershed 7-J.

NPDES Permit No. PA0021067, Sewerage, **Joseph Ardini, Mount Joy Borough Authority**, 21 East Main Street, Mount Joy, PA 17552. This proposed facility is located in East Donegal Township, **Lancaster County**.

Description of Proposed Action/Activity: Authorization to discharge to Little Chickies Creek in Watershed 7-G.

WQM Permit No. 2295403 (Amendment 01-1), Sewerage, **East Hanover Township Board of Supervisors**, 8848 Jonestown Road, R. D. 2, Box 4323, Grantville, PA 17028-8650. This proposed facility is located in East Hanover Township, **Dauphin County**.

Description of Proposed Action/Activity: Modifications to the construction/operation of Sewage Treatment Facilities.

WQM Permit No. 0501409, Sewerage, **Gary Twigg**, 213 Fillo Lane, Bedford, PA 15522. This proposed facility is located in Harrison Township, **Bedford County**.

Description of Proposed Action/Activity: Construction/operation of Sewage Treatment Facilities.

NPDES Permit No. PA0022047 and WQM Permit No. 0678203 (Amendment 01-1), Industrial Waste, **Lawrence Brady, Warner-Jenkinson Company, Inc.**, P. O. Box 341, Reading, PA 19603. This proposed facility is located in Robeson Township, **Berks County**.

Description of Proposed Action/Activity: Authorization to discharge to Schuylkill River in Watershed 3-C and transfer of ownership from Crompton and Knowles Colors, Inc.

NPDES Permit No. PA0081744, Industrial Waste, **David Vollero, York County Solid Waste and Refuse**

Authority, 2700 Blackbridge Road, York, PA 17402-7901. This proposed facility is located in Hopewell Township, **York County**.

Description of Size and Scope of Proposed Operation/Activity: Authorization to discharge to unnamed tributary of Rambo Run and Ebaughs Creek in Watershed 7-I.

Southwest Region: Water Management Program Manager, 400 Waterfront Drive, Pittsburgh, PA 15222-4745.

NPDES Permit No. PA0216291. Industrial. **Municipal Authority of the Borough of Carmichaels**, 104 N. Pine Street, Carmichaels, PA 15320 is authorized to discharge from a facility located at Carmichaels Water Treatment Plant, Cumberland Township, **Greene County** to receiving waters named Monongahela River.

NPDES Permit No. PA0217298. Industrial. **Mon River Towing, Inc.**, 200 Speers Street, Belle Vernon, PA 15012 is authorized to discharge from a facility located at Mon River Towing, Inc., Speers Borough, **Washington County** to receiving waters named Monongahela River.

NPDES Permit No. PA0205338. Sewage. **Donald W. Walch**, 48 Brallier Drive, Ligonier, PA 15658 is authorized to discharge from a facility located at Donald W. Walch Single Residence STP, Ligonier Township, **Westmoreland County** to receiving waters named unnamed tributary of Loyalhanna Creek.

NPDES Permit No. PA0217522. Sewage. **Municipal Authority of the Borough of Smithton**, P. O. Box 342, 615 Center Street, Smithton, PA 15479-0342 is authorized to discharge from a facility located at Smithton Borough Sewage Treatment Plant, Smithton Borough, **Westmoreland County** to receiving waters named unnamed tributary of Youghiogheny River.

NPDES STORMWATER INDIVIDUAL PERMITS—(PAS)

The following NPDES Individual Permits for Discharges of Stormwater Associated with Construction Activities have been issued.

These actions of the Department of Environmental Protection (Department) may be appealed to the Environmental Hearing Board (Board), Second Floor, Rachel Carson State Office Building, 400 Market Street, P. O. Box 8457, Harrisburg, PA 17105-8457, (717) 787-3483, by any aggrieved person under the Environmental Hearing Board Act (35 P. S. § 7514) and 2 Pa.C.S. §§ 501—508 and 701—704 (relating to the Administrative Agency Law). Appeals must be filed with the Board within 30 days from the date of this issue of the *Pennsylvania Bulletin* unless the appropriate statute provides a different time period. Copies of the appeal form and the Department's regulations governing practice and procedure before the Board may be obtained from the Board.

Northeast Region: Water Management Program Manager, 2 Public Square, Wilkes-Barre, PA 18711-0790.

<i>NPDES Permit No.</i>	<i>Applicant Name & Address</i>	<i>County</i>	<i>Municipality</i>	<i>Receiving Water/Use</i>
PAS10U158	Thomas Fox 2601 Northwood Ave. Easton, PA 18045	Northampton	Plainfield Township	Little Bushkill Creek HQ-CWF

Southcentral Region: Water Management Program Manager, 909 Elmerton Avenue, Harrisburg, PA 17110.

<i>NPDES Permit No.</i>	<i>Applicant Name & Address</i>	<i>County</i>	<i>Municipality</i>	<i>Receiving Water/Use</i>
PAS104511	Pennsylvania Department of Transportation District 2-0 1924-30 Daisy Street P. O. Box 342 Clearfield, PA 16830	Mifflin Juniata	Derry Township Fermanagh and Lack	Juniata River Horning Run Roaring Run Macedonia Run Tributaries to Juniata River

APPROVALS TO USE NPDES AND/OR OTHER GENERAL PERMITS

The following parties have submitted: (1) Notices of Intent (NOIs) for Coverage under (1) General NPDES Permits to Discharge Wastewater into the Waters of the Commonwealth. The approval for coverage under these general NPDES permits is subject to applicable effluent limitations. Monitoring, reporting requirements and other conditions set forth in the general permit; (2) General Permits for Beneficial Use of Sewage Sludge or Residential Septage by Land Application in Pennsylvania; (3) General NPDES Permit Authorizing the Discharge of Stormwater Associated with Construction Activities to Waters of the Commonwealth; (4) Notification for First Use Application of Sewage Sludge.

The approval of coverage for land application of sewage sludge or residential septage under these general permits is subject to pollutant limitations, pathogen and vector attraction reduction requirements, operational standards, general requirements, management practices and other conditions set forth in the respective permit. The Department approves the following coverage under the specific General Permit.

The EPA Region III Administrator has waived the right to review or object to this permit action under the waiver provision 40 CFR 123.23(d).

The application and related documents, effluent limitations, permitting requirements and other information are on file and may be inspected and arrangements made for copying at the contact office noted.

List of NPDES and/or Other General Permit Types

PAG-1	General Permit for Discharges From Stripper Oil Well Facilities
PAG-2	General Permit for Discharges of Stormwater Associated With Construction Activities (PAR)

PAG-3	General Permit for Discharges of Stormwater From Industrial Activities
PAG-4	General Permit for Discharges From Single Residence Sewage Treatment Plant
PAG-5	General Permit for Discharges From Gasoline Contaminated Ground Water Remediation Systems
PAG-6	General Permit for Wet Weather Overflow Discharges From Combined Sewer Systems (CSO)
PAG-7	General Permit for Beneficial Use of Exceptional Quality Sewage Sludge by Land Application
PAG-8	General Permit for Beneficial Use of Non-Exceptional Quality Sewage Sludge by Land Application to Agricultural Land, Forest, a Public Contact Site or a Land Reclamation Site
PAG-8 (SSN)	Site Suitability Notice for Land Application under Approved PAG-8 General Permit Coverage
PAG-9	General Permit for Beneficial Use of Non-Exceptional Quality Sewage Sludge by Land Application to Agricultural Land, Forest or a Land Reclamation Site
PAG-9 (SSN)	Site Suitability Notice for Land Application under Approved PAG-9 General Permit Coverage
PAG-10	General Permit for Discharge Resulting from Hydrostatic Testing of Tanks and Pipelines
PAG-11	(To Be Announced)
PAG-12	Concentrated Animal Feeding Operations (CAFOs)

General Permit Type—PAG-2

<i>Facility Location and Municipality</i>	<i>Permit No.</i>	<i>Applicant Name and Address</i>	<i>Receiving Water/Use</i>	<i>Contact Office and Telephone No.</i>
Luzerne County Wilkes-Barre City Wilkes-Barre Township	PAR10R240	Luzerne County Flood Protection Authority 65 Reichard St. Wilkes-Barre, PA 18711	Laurel Run CWF	Luzerne County Conservation District (570) 674-7991
Fairview Township York County	PAR10Y571	DDC/DDSP Special Purpose Warehouse Frank Sullivan, Fac. Eng. Div., Bldg. 1-3 New Cumberland, PA 17070-5001	Marsh Run WWF	York County Conservation District 118 Pleasant Acres Rd. York, PA 17402 (717) 840-7430
Derry Township Dauphin County	PAR10I286	Derry Township 235 Hockersville Road Hershey, PA 17033	Spring Creek East WWF	Dauphin County Conservation District 1451 Peters Mountain Road Dauphin, PA 17018 (717) 921-8100
North Middleton Township Cumberland County	PAR10H277	Don Backenstow Hillcrest Farms East 30 East Slate Hill Road Carlisle, PA 17013	Conodoquinet Creek WWF	Cumberland County Conservation District 43 Brookwood Avenue Suite 4 Carlisle, PA 17013 (717) 240-7812

Southwest Region: Regional Water Management Program Manager, 400 Waterfront Drive, Pittsburgh, PA 15222-4745.

<i>Facility Location and Municipality</i>	<i>Permit No.</i>	<i>Applicant Name and Address</i>	<i>Receiving Water/Use</i>	<i>Contact Office and Telephone No.</i>
Allegheny County North Versailles Township	PAR10A538	Gary Blissman Route 48 Project 900 Lincoln Highway East McKeesport, PA 15035	Brush Creek/TSF	Allegheny County Conservation District (412) 241-7645
Allegheny County City of Pittsburgh	PAR10A542	City of Pittsburgh City-County Building Pittsburgh, PA 15219	Ninemile Run/TSF	Allegheny County Conservation District (412) 241-7645
Allegheny County Plum Borough	PAR10A546	BAMAR-PA P. O. Box 8476 Harrisburg, PA 17105-8476	Pierson Run/TSF Plumcreek/WWF	Allegheny County Conservation District (412) 241-7645
Cambria County Richland Township	PAR10I079	Berti Excavations, Inc. 334 Bloomfield Street Suite 101 Johnstown, PA 15904	UNT Solomon Run/WWF	Cambria County Conservation District (814) 472-2120

<i>Facility Location and Municipality</i>	<i>Permit No.</i>	<i>Applicant Name and Address</i>	<i>Receiving Water/Use</i>	<i>Contact Office and Telephone No.</i>
Fayette County Menallen Township	PAR10L075	Menallen Township Sewage Authority P. O. Box 576 New Salem, PA 15468	Saltlick Run Burnt Cabin Run Dunlap Creek/WWF	Fayette County Conservation District (724) 438-4497
Washington County Peters Township	PAR10W193	Windmer Development 2600 Boyce Park Road Suite 218 Pittsburgh, PA 15241	Chartiers Creek/WWF	Washington County Conservation District (724) 228-6774
Washington County Cecil Township Peters Township Mt. Pleasant Township Robinson Township	PAR10W196	Montour Trail Council 304 Hitman Street Suite 3 Bridgeville, PA 15017	Chartiers Creek/ WWF	Washington County Conservation District (724) 228-6774
Washington County West Finley Township	PAR10W199	Columbia Gas Transmission 950 Manifold Road Building C Washington, PA 15301	Spotted Tail Run/ WWF	Washington County Conservation District (724) 228-6774
Washington County North Fayette Township	PAR10W200	Charleston Holding, L.L.C. 700 Lakeside Drive Canonsburg, PA 15317	Chartiers Creek/ WWF	Washington County Conservation District (724) 228-6774
Washington County Deemston Borough N. Bethlehem Township West Pike Run Township	PAR10W201	Tri County Joint Municipal Authority 26 Monongahela Avenue Frederickstown, PA 15333	South Branch Pigeon Creek/WWF	Washington County Conservation District (724) 228-6774
Westmoreland County East Huntingdon Township	PAR10X272	Westmoreland County Industrial Development Corporation 601 Courthouse Square Greensburg, PA 15601	UNT Belson Run/WWF	Westmoreland County Conservation District (724) 837-5271
<i>General Permit Type—PAG-3</i>				
<i>Facility Location and Municipality</i>	<i>Permit No.</i>	<i>Applicant Name and Address</i>	<i>Receiving Water/Use</i>	<i>Contact Office and Telephone No.</i>
West Chester Borough Chester County	PAR230057	Wyeth Ayerst Pharmaceuticals 611 E Nields St. West Chester, PA 19382	UNT to Goose Creek—3H Watershed	DEP Southeast Region Lee Park, Suite 6010 555 North Lane Conshohocken, PA 19428 (610) 832-6131
London Grove Township Chester County	PAR500001	Southeastern Chester County Refuse Authority P. O. Box 221 Kennett Square, PA 19348	UNT to White Clay Creek—3I Watershed	DEP Southeast Region Lee Park, Suite 6010 555 North Lane Conshohocken, PA 19428 (610) 832-6131
West Goshen Township Chester County	PAR200009	Metallurgical Products Co. P. O. Box 598 West Chester, PA 19381	UNT to Chester Creek—3G Watershed	DEP Southeast Region Lee Park, Suite 6010 555 North Lane Conshohocken, PA 19428 (610) 832-6131
Upper Merion Township Montgomery County	PAR800028	BFI Waste Services of PA 372 S. Henderson Rd. King of Prussia, PA 19406	UNT to Schuylkill River—3F Watershed	DEP Southeast Region Lee Park, Suite 6010 555 North Lane Conshohocken, PA 19428 (610) 832-6131

<i>Facility Location and Municipality</i>	<i>Permit No.</i>	<i>Applicant Name and Address</i>	<i>Receiving Water/Use</i>	<i>Contact Office and Telephone No.</i>
Lehigh County Bethlehem City	PAR202202	Air Products & Chemicals, Inc. (Gardner Cryogenics) 2136 City Line Road Bethlehem, PA 18017	Lehigh River TSF	DEP—NERO Water Management 2 Public Square Wilkes-Barre, PA 18711 (570) 826-2511
Blair County Duncansville Borough	PAR803580	Yellow Freight System, Inc. Duncansville Facility 10990 Roe Avenue Mail Stop A605 Overland Park, KS 66211	Blair Gap Run/CWF	DEP SCRO 909 Elmerton Avenue Harrisburg, PA 17110 (717) 705-4707
Lancaster County Upper Leacock Township	PAR223516	H. M. Stauffer & Sons, Inc. 33 Glenola Drive Leola, PA 17540-0567	Mill Stream	DEP SCRO 909 Elmerton Avenue Harrisburg, PA 17110 (717) 705-4707
Chartiers Township Washington County	PAR116116	DBT America 2045 West Pike St. Houston, PA 15342	Drainage ditch to Chartiers Creek	Southwest Regional Office: Water Management Program Manager 400 Waterfront Drive Pittsburgh, PA 15222-4745 (412) 442-4000
East Deer Township Allegheny County	PAR236112	Air Products & Chemicals Inc. 7201 Mailton Blvd. Allentown, PA 18195	Allegheny River	Southwest Regional Office: Water Management Program Manager 400 Waterfront Drive Pittsburgh, PA 15222-4745 (412) 442-4000

General Permit Type—PAG-4

<i>Facility Location and Municipality</i>	<i>Permit No.</i>	<i>Applicant Name and Address</i>	<i>Receiving Water/Use</i>	<i>Contact Office and Telephone No.</i>
Fawn Township Allegheny County	PAG046247	Keith A. Svitek 3074 Ridge Road Natrona Heights, PA 15065	Little Bull Creek	Southwest Regional Office: Water Management Program Manager 400 Waterfront Drive Pittsburgh, PA 15222-4745 (412) 442-4000

General Permit Type—PAG-5

<i>Facility Location and Municipality</i>	<i>Permit No.</i>	<i>Applicant Name and Address</i>	<i>Receiving Water/Use</i>	<i>Contact Office and Telephone No.</i>
City of Pittsburgh Allegheny County	PAG056106	Sunoco Inc. (R&M) 5733 Butler Street Pittsburgh, PA 15201	Chartiers Creek/Ohio River	Southwest Regional Office: Water Management Program Manager 400 Waterfront Drive Pittsburgh, PA 15222-4745 (412) 442-4000

PUBLIC WATER SUPPLY PERMITS

The Department of Environmental Protection (Department) has taken the following actions on applications received under the Safe Drinking Water Act for the construction, substantial modification or operation of a public water system.

Persons aggrieved by this action may appeal, under section 4 of the Environmental Hearing Board Act (35 P. S. § 7514) and 2 Pa.C.S. §§ 501—508 and 701—704 (relating to the Administrative Agency Law), to the Environmental Hearing Board, Second Floor, Rachel Carson State Office Building, 400 Market Street, P. O. Box 8457, Harrisburg, PA 17105-8457, (717) 787-3483. TDD users may contact the Board through the Pennsylvania Relay Service, (800) 654-5984. Appeals must be filed with the Board within 30 days from the date of issue of the *Pennsylvania Bulletin* unless the appropriate statute provides a different time period. Copies of the appeal form and the Board's rules of practice and procedure may be obtained from the Board. The appeal form and the Board's rules of practice and procedure are also available in Braille or on audiotape from the Secretary of the Board at (717) 787-3483. This paragraph does not, in and of itself, create any right of appeal beyond that permitted by applicable statutes and decisional law.

SAFE DRINKING WATER

Actions taken under the Pennsylvania Safe Drinking Water Act (35 P. S. §§ 721.1—721.17).

Southeast Region: Water Supply Management Program Manager, Lee Park, Suite 6010, 555 North Lane, Conshohocken, PA 19428.

Operations Permit issued to: **Quakertown Borough**, P. O. Box 727, Quakertown, PA 18957, Quakertown Borough, **Bucks County** on January 2, 2002.

Southcentral Region: Water Supply Management Program Manager, 909 Elmerton Avenue, Harrisburg, PA 17110.

Permit No. 6701503 MA, Minor Amendment, Public Water Supply.

Applicant	Dover Township
Municipality	Dover Township
County	York
Type of Facility	Interior/exterior repainting of two elevated welded storage tanks.
Consulting Engineer	Terry Myers, P.E. C. S. Davidson, Inc. 38 N. Duke Street York, PA 17401
Permit to Operate Issued:	December 31, 2001

Permit No. 2800509, Public Water Supply.

Applicant	Franklin County General Authority
Municipality	Greene Township
County	Franklin

Type of Facility

The Department has issued an Operation Permit for revised corrosion control treatment facilities at the existing potable water filtration plant. New facilities include zinc orthophosphate and caustic soda feed systems.

Consulting Engineer

George D. Gustafson, P.E.
Earth Tech
196 Baker Ave.
Concord, MA 01742

Permit to Operate Issued:

January 7, 2002

Permit No. 2801511 MA, Minor Amendment, Public Water Supply.

Applicant

Guilford Water Authority

Municipality

Guilford Township

County

Franklin

Type of Facility

This application is for the interior and exterior repainting of an existing 1 MG steel tank.

Consulting Engineer

Diana Young, P.E.
Buchart-Horn, Inc.
P. O. Box 15040
York, PA 17405-7040

Permit to Operate Issued:

January 7, 2002

Permit No. 2800508, Public Water Supply.

Applicant

Mockingbirdil, Inc.

Municipality

Antrim Township

County

Adams

Type of Facility

Construction Permit for Well No. 2, treatment and storage facilities. Well No. 2 will be operated at a maximum rate of 25 gallons per minute. Treatment will include: granular activated carbon adsorption, cation exchange softening, reverse osmosis, hypochlorite disinfection and corrosion control. A 20,000-gallon finished water storage tank and new high service pump station are also approved for this existing, previously permitted community water system.

Consulting Engineer

Harry E. Bingaman, P.E.
Glance Assoc., Inc.
3705 Trindle Rd.
Camp Hill, PA 17011

Permit to Construct Issued:

January 7, 2002

SEWAGE FACILITIES ACT PLAN APPROVAL

Plan Approvals Granted under the Pennsylvania Sewage Facilities Act (35 P. S. §§ 750.1—750.20a).

Northeast Region: Water Management Program Manager, 2 Public Square, Wilkes-Barre, PA 18711-0790.

Plan Location:

<i>Borough or Township</i>	<i>Borough or Township Address</i>	<i>County</i>
Deer Lake Borough	178 N. Third St. Hamburg, PA 19526	Schuylkill
Auburn Borough	530 Bear Creek St. Auburn, PA 17922	Schuylkill

Plan Description: The Department has completed its review of the Corrective Action Plan/Corrective Plan & Schedule (CAP/CP&S) submission that was transmitted to the Department on November 20, 2001. The Department's review has found it acceptable and hereby grants planning approval. The submission was sent to us on behalf of the Deer Lake Municipal Authority (DLMA), the Auburn Municipal Authority, the Borough of Deer Lake and the Borough of Auburn, all of Schuylkill County. The submissions propose a plan to identify and reduce/eliminate sources of infiltration/inflow within the DLMA's Wastewater Collection System and to upgrade the DLMA's Wastewater Treatment Plant (WWTP) for improved wastewater treatment. The CAP/CP&S's goal is to eliminate the hydraulic overload at the WWTP and to bring the facility into compliance with its NPDES permit. The Department's review of the CAP/CP&S has not identified any significant environmental impacts resulting from the project. Any required NPDES permits or WQM permits must be obtained in the name of the municipality or authority as appropriate.

LAND RECYCLING AND ENVIRONMENTAL REMEDIATION

UNDER ACT 2, 1995

PREAMBLE 2

The following final reports were submitted under the Land Recycling and Environmental Remediation Standards Act (35 P. S. §§ 6026.101—6026.908).

Provisions of Chapter 3 of the Land Recycling and Environmental Remediation Standards Act (Act) require the Department of Environmental Protection (Department) to publish in the *Pennsylvania Bulletin* a notice of submission of final reports. A final report is submitted to document cleanup of a release of a regulated substance at a site where one of the Act's remediation standards. A final report provides a description of the site investigation to characterize the nature and extent of contaminants in environmental media, the basis for selecting the environmental media of concern, documentation supporting the selection of residential or nonresidential exposure factors, a description of the remediation performed and summaries of sampling analytical results which demonstrate that remediation has attained the cleanup standard selected.

For further information concerning the final report, contact the Environmental Cleanup Program Manager in the Department Regional Office under which the notice of receipt of a final report appears. If information concerning a final report is required in an alternative form, contact the Community Relations Coordinator at the appropriate Regional Office listed. TDD users may telephone the Department through the AT&T Relay Service at (800) 654-5984.

The Department has received the following final reports:

Northeast Regional Field Office, Joseph A. Brogna, Environmental Cleanup Program Manager, 2 Public Square, Wilkes-Barre, PA 18711-0790, (570) 826-2511.

Jones Property (former Serafin's Service Station), City of Wilkes-Barre, Luzerne County. James V. Strickland, P.G., Geological and Environmental Associates, Inc., West Mountain Road, Plymouth, PA 18651 has submitted a Baseline Environmental Report (on behalf of Donald Jones, P. O. Box 197, Guiderland, NY 12084) concerning the identification of existing environmental conditions related to the contamination of soils found or suspected to have been contaminated with gasoline constituents. The report was submitted in partial fulfillment of the Special Industrial Area standard.

Dorothy Logan Residence, Plains Township, Luzerne County. David R. Crowther, Hydrocon Services, Inc., 2945 South Pike Avenue, Allentown, PA 18103 submitted a combined Remedial Investigation Report and Final Report (on behalf of Dorothy Logan, Mill Street, Plains, PA 18705) concerning the characterization and remediation of soils found or suspected to have been contaminated with no. 2 fuel oil constituents. The reports were submitted in order to demonstrate attainment of the site-specific standard. A revised Notice of Intent to Remediate was simultaneously submitted.

Schuylkill County Housing Authority—Coaldale Family Housing Development, Coaldale Borough, Schuylkill County. Jennifer Risser, Project Manager, Alternative Environmental Solutions, 930 Pointview Avenue, Suite B, Ephrata, PA 17522 submitted a Final Report (on behalf of Schuylkill County Housing Authority, 245 Parkway, Schuylkill Haven, PA 17972) concerning the remediation of soils found or suspected to have been contaminated with no. 2 fuel oil constituents. The report was submitted to demonstrate attainment of remediation of the site under the Statewide health standard.

Southcentral Region: Environmental Cleanup Program Manager, 909 Elmerton Avenue, Harrisburg, PA 17110.

Ruth E. Swope Estate, Conoy Township, Lancaster County. Alternative Environmental Solutions, Inc., 930 Pointview Avenue, Suite B, Ephrata, PA 17522 (on behalf of the Estate of Ruth E. Swope, c/o 4717 Cardinal Drive, Columbia, PA 17512) has submitted a Final Report concerning remediation of groundwater contaminated with BTEX. The report is intended to document remediation of the site to the Statewide Health standard.

LAND RECYCLING AND ENVIRONMENTAL REMEDIATION

UNDER ACT 2, 1995

PREAMBLE 3

The Department has taken action on the following plans and reports under the Land Recycling and Environmental Remediation Standards Act (35 P. S. §§ 6026.101—6026.908).

Provisions of 25 Pa. Code § 250.8, Administration of the Land Recycling and Environmental Remediation Standards Act (Act) requires the Department of Environmental Protection (Department) to publish in the *Pennsylvania Bulletin* a notice of its final actions on plans and reports. A final report is submitted to document cleanup of a release of a regulated substance at a site to one of the remediation standards of the Act. Plans and reports required by provisions of the Act for compliance with selection of remediation to a site-specific standard, in

addition to a final report, include a remedial investigation report, risk assessment report and cleanup plan. A remedial investigation report includes conclusions from the site investigation, concentration of regulated substances in environmental media; benefits of refuse of the property and, in some circumstances, a fate and transport analysis. If required, a risk assessment report describes potential adverse effects caused by the presence of regulated substances. A cleanup plan evaluates the abilities of potential remedies to achieve remedy requirements. A final report provides a description of the site investigation to characterize the nature and extent of contaminants in environmental media, the basis of selecting the environmental media of concern, documentation supporting the selection of residential or nonresidential exposure factors, a description of the remediation performed and summaries of sampling methodology and analytical results which demonstrate that the remediation has attained the cleanup standard selected. The Department may approve or disapprove plans and reports submitted. This notice provides the Department's decision and, if relevant, the basis for disapproval.

For further information concerning the plans and reports, contact the Environmental Cleanup Program Manager in the Department Regional Office under which the notice of the plan or report appears. If information concerning a final report is required in an alternative form, contact the Community Relations Coordinator at the appropriate Regional Office listed. TDD users may telephone the Department through the AT&T Relay Service at (800) 654-5984.

The Department has received the following final reports:

Northeast Region: Joseph A. Brogna, Environmental Cleanup Program Manager; 2 Public Square, Wilkes-Barre, PA 18711-0790, (570) 826-2511.

Former Cseh Residence, Pocono Township, **Monroe County**. David A. Everitt III, Senior Environmental Scientist, MEA, Inc., 201 Center Street, Stockertown, PA 18083 submitted a Final Report (on behalf of Barbara Holland, E. Thunder River Drive, Tucson, AZ) concerning the remediation of soils found or suspected to have been contaminated with kerosene fuel oil constituents. The report was submitted to demonstrate attainment of remediation of the site under the Statewide health standard and was approved on January 9, 2002.

Southcentral Region: Environmental Cleanup Program Manager; 909 Elmerton Avenue, Harrisburg, PA 17110.

Fulton Bank Adamstown Branch, Borough of Adamstown, **Lancaster County**. Rettew Associates, Inc., 3020 Columbia Avenue, Lancaster, PA 17603 (on behalf of Fulton Bank, P. O. Box 4887, Lancaster, PA 17604-4887) submitted a Final Report concerning remediation of site soils and groundwater contaminated with BTEX and PHCs. The final report demonstrated attainment of the Statewide Health standard and was approved by the Department on January 4, 2002.

Miller and Hartman Companies, East Lampeter Township, **Lancaster County**. OXFORD Engineers & Consultants, Inc., 2621 Van Buren Avenue, Suite 500, Norristown, PA 19403 (on behalf of Miller & Hartman Companies, P. O. Box 1784, Lancaster, PA 17608-1784) has submitted a Final Report concerning remediation of site soils and groundwater contaminated with lead, solvents, BTEX, PHCs and PAHs. The report is intended to document remediation of the site to the Statewide Health standard. The final report demonstrated attainment of

the Statewide Health standard and was approved by the Department on January 9, 2002.

AIR QUALITY

Plan Approvals Issued under the Air Pollution Control Act (35 P. S. §§ 4001—4015) and regulations in 25 Pa. Code Chapter 127, Subchapter B relating to construction, modification and reactivation of air contamination sources and associated air cleaning devices.

Southcentral Region: Air Quality Program, 909 Elmerton Avenue, Harrisburg, PA 17110; Contact: Ronald Davis, New Source Review Chief, (717) 705-4702.

01-05002A: Master Brand Cabinets, Inc. (P. O. Box 5, Littlestown, PA 17340) on January 8, 2002, for construction of four spray booths controlled by a regenerative thermal oxidizer at its Littlestown Facility in Littlestown Borough, **Adams County**. This facility is controlled by 40 CFR Part 63, Subpart JJ—National Emission Standards for Wood Furniture Manufacturing Operations.

01-05032: Pella Corp. (102 Main Street, Pella, IA 50219) on January 8, 2002, for construction of a window manufacturing operation controlled by a catalytic oxidizer at its Gettysburg Plant in Straban Township, **Adams County**.

06-05100B: Calpine Construction Finance Co., LP (5115 Pottsville Pike, Reading, PA 19605) on January 10, 2002, for construction of an emergency generator and six preheaters controlled by low NOx burners at Ontelaunee Energy Center in Ontelaunee Township, **Berks County**.

28-05001: Martin's Famous Pastry Shoppe, Inc. (1000 Potato Roll Lane, Chambersburg, PA 17201) on January 8, 2002, for installation of two bakery oven lines controlled by a shared catalytic oxidizer at its Chambersburg Bakery in Guilford Township, **Franklin County**.

ER-36-05015: Dart Container Corp. of PA (60 East Main Street, Leola, PA 17540) on January 8, 2002, for emission reduction credits for a direct injection foam processing operation at its Leola facility in Upper Leacock Township, **Lancaster County**.

67-03063A: Advanced Recycling Technology Inc. (340 South Broad Street, Hallam, PA 17406) on January 9, 2002, for construction of an industrial dryer controlled by a wet scrubber in Hallam Borough, **York County**.

Northcentral Region: Air Quality Program, 208 West Third Street, Williamsport, PA 17701; Contact: David Aldenderfer, Program Manager, (570) 327-3637.

08-322-001D: Northern Tier Solid Waste Authority (P. O. Box 10, Burlington, PA 18814-0010) on December 4, 2001, for construction of an 815 kW landfill gas-fired reciprocating internal combustion engine in West Burlington Township, **Bradford County**.

18-00011C: Croda, Inc. (P. O. Box 178, Mill Hall, PA 17751-0178) on December 4, 2001, for construction of 49 volatile organic compound-containing material bulk storage tanks in Bald Eagle Township, **Clinton County**.

49-317-003: Butter Krust Baking Co., Inc. (249 North 11th Street, Sunbury, PA 17801) on December 4, 2001, for construction of a bread and roll baking line and associated air cleaning device (a catalytic oxidizer) at Plant #2 in Northumberland Borough, **Northumberland County**.

41-00005A: Textron Lycoming (652 Oliver Street, Williamsport, PA 17701) on December 17, 2001, for construction of an aircraft engine surface coating spray booth (ES-2) in the City of Williamsport, **Lycoming County**. The spray booth will be subject to Subpart GG of the National Emission Standards for Hazardous Air Pollutants.

49-399-007A: Reagent Chemical and Research, Inc. (R. D. 1, Box 208, Happy Hollow Road, Coal Township, PA 17866) on December 18, 2001, for construction of a skeet target production line and associated air cleaning devices (four fabric collectors and two hydrogen sulfide adsorption units) in Coal Township, **Northumberland County**.

49-310-007: Central Builder's Supply Co. (P. O. Box 152, Sunbury, PA 17801) on December 20, 2001, for construction of a wet sand and gravel processing plant in West Chillisquaque Township, **Northumberland County**. This plant will be subject to Subpart OOO of the Federal Standards of Performance for New Stationary Sources.

41-0006B: Textron Lycoming (652 Oliver Street, Williamsport, PA 17701) on December 28, 2001, for construction of a copper stripping operation in the City of Williamsport, **Lycoming County**.

Plan Approval Revisions Issued including Extensions, Minor Modifications and Transfers of Ownership under the Air Pollution Control Act (35 P. S. §§ 4001—4015) and 25 Pa. Code §§ 127.13, 127.13a and 127.32.

Southcentral Region: Air Quality Program, 909 Elmerton Avenue, Harrisburg, PA 17110; Contact: Ronald Davis, New Source Review Chief, (717) 705-4702.

36-05008A: Tyson Foods, Inc. (403 South Custer Avenue, New Holland, PA 17557) on January 13, 2002, for operation of a chicken processing operation at its New Holland facility in Earl Township, **Lancaster County**. This plan approval has been extended.

22-301-058: Department of Agriculture (2301 North Cameron Street, Harrisburg, PA 17110) on January 14, 2002, for operation of an animal health laboratory multi-chambered incinerator controlled by a venturi wet scrubber and a mist eliminator in Susquehanna Township, **Dauphin County**. This plan approval has been extended.

Operating Permits for Non-Title V Facilities Issued under the Air Pollution Control Act (35 P. S. §§ 4001—4015) and 25 Pa. Code Chapter 127, Subchapter F.

Southcentral Region: Air Quality Program, 909 Elmerton Avenue, Harrisburg, PA 17110; Contact: Leif Ericson, Program Manager, (717) 705-4702.

06-05062: Reading Housing Authority (400 Hancock Blvd., Reading, PA 19611) on January 9, 2002, for operation of the Oakbrook apartment building facility located in the City of Reading, **Berks County**.

06-05084: Electro Space Fabricators, Inc. (300 West High Street, Topton, PA 19562) on January 9, 2002, for operation of a sheet metal fabricating plant in the Borough of Topton, **Berks County**.

38-03022: Murrys, Inc. (1501 Willow Street, Lebanon, PA 17042) on January 9, 2002, for operation of a meat derived food stuff processing plant in the City of Lebanon, **Lebanon County**.

Operating Permit Revisions Issued including Administrative Amendments, Minor Modifications or Transfers of Ownership under the Air Pollution Control Act (35 P. S. §§ 4001—4015) and 25 Pa. Code §§ 127.412, 127.450, 127.462 and 127.464.

Southcentral Region: Air Quality Program, 909 Elmerton Avenue, Harrisburg, PA 17110; Contact: Leif Ericson, Program Manager, (717) 705-4702.

06-05036A: Cryovac, Inc. (P. O. Box 295, Reading, PA 19603) for operation of an expandable polystyrene foam tray manufacturing facility in Muhlenberg Township, **Berks County**. On January 9, 2002, the Title V Operating Permit was administratively amended to add a new source. This is Revision No. 1 of the operating permit.

06-05065A: Glen-Gery Corp. (423 South Pottsville Pike, Shoemakersville, PA 19555) for operation of a brick manufacturing facility controlled by various fabric collectors in Perry Township, **Berks County**. On January 8, 2002, the Title V Operating Permit was administratively amended to add a new source. This is Revision No. 1 of the operating permit.

Southwest Region: Air Quality Program, 400 Waterfront Drive, Pittsburgh, PA 15222-4745; Contact: Mark Wayner, Facilities Permitting Chief, (412) 442-4174.

04-00446: AES Beaver Valley Partners, Inc. (394 Frankfort Road, Monaca, PA 15061) on January 4, 2002, for a name change to AES Beaver Valley, LLC for their facility in Monaca, **Beaver County**.

ACTIONS ON COAL AND NONCOAL MINING ACTIVITY APPLICATIONS

Actions on applications under the Surface Mining Conservation and Reclamation Act (52 P. S. §§ 1396.1—1396.19a); the Noncoal Surface Mining Conservation and Reclamation Act (52 P. S. §§ 3301—3326); The Clean Streams Law (35 P. S. §§ 691.1—691.1001); the Coal Refuse Disposal Control Act (52 P. S. §§ 30.51—30.66); The Bituminous Mine Subsidence and Land Conservation Act (52 P. S. §§ 1406.1—1406.21). The final action on each application also constitutes action on the request for 401 Water Quality Certification and the NPDES permit application. Mining activity permits issued in response to the applications will also address the application permitting requirements of the following statutes; the Air Quality Control Act (35 P. S. §§ 4001—4015); the Dam Safety and Encroachments Act (32 P. S. §§ 693.1—693.27); and the Solid Waste Management Act (35 P. S. §§ 6018.101—6018.1003).

Coal Permits Actions

Pottsville District Mining Office: 5 West Laurel Boulevard, Pottsville, PA 17901-2454, (570) 621-3118.

40850102R2. Northeast Energy Co. (254 Johnson Street, Wilkes-Barre, PA 18702), renewal of an existing anthracite surface mine operation in Laurel Run Borough, **Luzerne County** affecting 111.1 acres, receiving stream—none (no discharge). Application received: July 16, 2001. Renewal issued: January 9, 2002.

54951301R. R & R Anthracite Coal Company (21 Wood Street, Pine Grove, PA 17963-1323), renewal of an anthracite underground mine operation in Hegins Township, **Schuylkill County** affecting 3.0 acres, receiving

stream—none (no discharge). Application received: August 16, 2001. Renewal issued: January 9, 2002.

40900204R2. Silverbrook Anthracite, Inc. (1 Market Street, Laflin, PA 18702), renewal of an existing coal refuse reprocessing operation in Newport Township and City of Nanticoke, **Luzerne County** affecting 80.0 acres, receiving stream—none (no discharge). Application received: August 30, 2001. Renewal issued: January 9, 2002.

54940202R. Direnzo Coal Company (1389 Bunting Street, Pottsville, PA 17901-9006), renewal of an existing coal refuse reprocessing and preparation plant operation in Branch Township, **Schuylkill County** affecting 30.3 acres, receiving stream—none (no discharge). Application received: August 31, 2001. Renewal issued: January 9, 2002.

54753038R3. Lensco Corp. (313 Pottsville Street, Minersville, PA 17954), renewal of an existing anthracite surface mine operation in Cass Township, **Schuylkill County** affecting 67.2 acres, receiving stream—none (no discharge). Application received: May 21, 2001. Renewal issued: January 11, 2002.

Greensburg District Mining Office: Armbrust Building, R. R. 2 Box 603-C, Greensburg, PA 15601-0982, (724) 925-5500.

03010103 and NPDES Permit No. PA0202991. Marquise Mining Corporation (3889 Menoher Boulevard, Johnstown, PA 15905). Permit issued for commencement, operation and reclamation of a bituminous surface mine located in Kiskiminetas Township, **Armstrong County** and Conemaugh Township, **Indiana County**, affecting 145.6 acres. Receiving streams: unnamed tributary to Long Run and Sulphur Run to Kiskiminetas River; unnamed tributaries to and Kiskiminetas River. Application received: June 11, 2001. Permit issued: January 8, 2002.

26000101 and NPDES Permit No. PA0202703. Amerikohl Mining, Inc. (202 Sunset Drive, Butler, PA 16001). Permit revised to allow for a stream encroachment at a bituminous surface mine located in Saltlick Township, **Fayette County**, affecting 136.5 acres. Receiving streams: unnamed tributaries to Newmyer Run and unnamed tributaries to Little Champion Creek. Revision application received: July 5, 2001. Revision issued: January 14, 2002.

McMurray District Mining Office: 3913 Washington Road, McMurray, PA 15317, (724) 941-7100.

32961302. NPDES Permit # PA0214949, Senate Coal Mines, Inc. (One Energy Place, Suite 5100, Latrobe, PA 15650), to revise the permit for the Ondo in Brush Valley Township, **Indiana County** to add 1,130 acres underground and 25.2 surface acres and 987 acres SCPA, Surface Acres Proposed 25.2, Underground Acres Proposed 1130, SCP Acres Proposed 987, CRDP Support Acres Proposed N/A, CRDP Refuse Disposal Acres Proposed N/A, Ferrier Run, classified for the following uses: CWF and wildlife water supply, Yellow Creek, classified for the following uses: CWF. The first downstream potable water supply intake from the point of discharge is N/A. Permit issued: December 12, 2001.

30841314. NPDES Permit # PA0215368, Eberhart Coal Co. (258 Woodside—Old Frame Rd., Smithfield, PA 15478), to revise the permit for the Titus Mine in Dunkard Township, **Greene County** to add underground permit and subsidence control plan acres, Surface Acres Proposed N/A, Underground Acres Proposed N/A, SCP

Acres Proposed N/A, CRDP Support Acres Proposed N/A, CRDP Refuse Disposal Acres Proposed N/A, no additional discharges, classified for the following uses: N/A. The first downstream potable water supply intake from the point of discharge is N/A. Permit issued: December 18, 2001.

26970702. NPDES Permit # PA0215112, Matt Canestrale Contracting, Inc. (P. O. Box 124, Belle Vernon, PA 15012), to revise the permit for the LaBelle Site in Luzerne Township, **Fayette County**, refuse location of haul road, Surface Acres Proposed N/A, Underground Acres Proposed N/A, SCP Acres Proposed N/A, CRDP Support Acres Proposed N/A, CRDP Refuse Disposal Acres Proposed N/A, no additional discharges, classified for the following uses: N/A. The first downstream potable water supply intake from the point of discharge is N/A. Permit issued: December 18, 2001.

03971301. NPDES Permit # PA0215091, DLR Mining, Inc. (3065 Airport Road, Indiana, PA 15701), to revise the permit for the Ridge Mine in South Bend Township, **Armstrong County** to revise the existing permit and add acres, Surface Acres Proposed N/A, Underground Acres Proposed 145, SCP Acres Proposed 120, CRDP Support Acres Proposed N/A, CRDP Refuse Disposal Acres Proposed N/A, no additional discharges, classified for the following uses: N/A. The first downstream potable water supply intake from the point of discharge is N/A. Permit issued: December 19, 2001.

63831601. NPDES Permit # PA0235415, Champion Processing Inc. (P. O. Box, Coraopolis, PA 15108), to renew the permit for the Champion Prep. Plant in Robinson and North Fayette Townships, **Washington and Allegheny Counties** to renew permit, Surface Acres Proposed N/A, Underground Acres Proposed N/A, SCP Acres Proposed N/A, CRDP Support Acres Proposed N/A, CRDP Refuse Disposal Acres Proposed N/A, Little Raccoon Creek, classified for the following uses: HQ-CWF. The first downstream potable water supply intake from the point of discharge is N/A. Permit issued: December 20, 2001.

56841603. NPDES Permit # PA0588504, PBS Coals, Inc. (P. O. Box 260, Friedens, PA 15541), to renew the permit for the Shade Creek Prep. Plant in Shade Township, **Somerset County** to renew permit, Surface Acres Proposed N/A, Underground Acres Proposed N/A, SCP Acres Proposed N/A, CRDP Support Acres Proposed N/A, CRDP Refuse Disposal Acres Proposed N/A, no additional discharges, classified for the following uses: N/A. The first downstream potable water supply intake from the point of discharge is N/A. Permit issued: December 20, 2001.

11971301. NPDES Permit # PA0235423, TJS Mining Inc. (R. D. 1, Box 260 D, Shelocta, PA 15774), to operate the Morningstar Mine in Cresson and Juniata Townships, **Cambria and Blair Counties**, new deep mine permit, Surface Acres Proposed 20, Underground Acres Proposed 582, SCP Acres Proposed 582, CRDP Support Acres Proposed N/A, CRDP Refuse Disposal Acres Proposed N/A, tributary to Bear Rock Run, classified for the following uses: HQ-CWF, Adams Run, classified for the following uses: HQ-CWF. The first downstream potable water supply intake from the point of discharge is Blair Gap Run Reservoir and Plane Nine Reservoir, Muleshoe Reservoir. Permit issued: December 27, 2001.

30743705. NPDES Permit # PA0214752, Dana Mining Co. of PA, Inc. (P. O. Box 1209, Morgantown, WV 26507), to transfer the permit for the Warwick No. 3 CRDA in Dunkard Township, **Greene County** to transfer from Duquesne Light Co., Surface Acres Proposed N/A,

Underground Acres Proposed N/A, SCP Acres Proposed N/A, CRDP Support Acres Proposed N/A, CRDP Refuse Disposal Acres Proposed N/A, no additional discharges, classified for the following uses: N/A. The first downstream potable water supply intake from the point of discharge is N/A. Permit issued: December 27, 2001.

30841307. NPDES Permit # PA0213438, RAG Emerald Resources, L.P. (P. O. Box 1020, 158 Portal Rd., Waynesburg, PA 15370), to revise the permit for the Emerald Mine in Whiteley Township, **Greene County** to add the No. 6 bleeder shaft, Surface Acres Proposed 27.5, Underground Acres Proposed N/A, SCP Acres Proposed N/A, CRDP Support Acres Proposed N/A, CRDP Refuse Disposal Acres Proposed N/A, unnamed tributary to Dyers Fork, classified for the following uses: WWF. The first downstream potable water supply intake from the point of discharge is N/A. Permit issued: January 2, 2002.

30001301. NPDES Permit # N/A, Dana Mining Co. of PA, Inc. (P. O. Box 1209, Morgantown, WV 26507), to operate the Crawdad Portal B Mine in Dunkard and Perry Townships, **Greene County** to operate a new deep mine, Surface Acres Proposed N/A, Underground Acres Proposed N/A, SCP Acres Proposed N/A, CRDP Support Acres Proposed N/A, CRDP Refuse Disposal Acres Proposed N/A, no additional discharges, classified for the following uses: N/A. The first downstream potable water supply intake from the point of discharge is N/A. Permit issued: January 7, 2002.

Noncoal Permits Actions

Pottsville District Mining Office: 5 West Laurel Boulevard, Pottsville, PA 17901-2454, (570) 621-3118.

64970802. John E. Marshall (R. R. 4 Box 4255, Honesdale, PA 18431-9804), commencement, operation and restoration of a small quarry operation in Berlin Township, **Wayne County** affecting 3.0 acres, receiving stream—Rattlesnake Creek. Application received: April 28, 1997. Permit issued: January 8, 2002.

50010801. Rick Eichelberger, Inc. (1381 Flowers Lane, Marysville, PA 17053), commencement, operation and restoration of a small quarry operation in Penn and Rye Townships, **Perry County** affecting 5.0 acres, receiving stream—none. Application received: July 30, 2001. Permit issued: January 8, 2002.

58010849. Cecil Kilmer (R. R. 1 Box 1130, Nicholson, PA 18446), commencement, operation and restoration of a small quarry operation in Rush Township, **Susquehanna County** affecting 5.0 acres, receiving stream—Gaylord Creek. Application received: September 20, 2001. Permit issued: January 8, 2002.

58010851. R & M Stone (R. R. 5 Box 206N, Montrose, PA 18801), commencement, operation and restoration of a bluestone quarry operation in Rush Township, **Susquehanna County** affecting 1.0 acre, receiving stream—Middle Branch Wyalusing Creek. Application received: September 20, 2001. Permit issued: January 8, 2002.

58010852. Cecil Kilmer (R. R. 1 Box 1130, Nicholson, PA 18446), commencement, operation and restoration of a small quarry operation in Rush Township, **Susquehanna County** affecting 2.0 acres, receiving stream—Gaylord Creek. Application received: September 26, 2001. Permit issued: January 8, 2002.

40010803. Barry K. Reese (R. R. 3 Box 273X, Dallas, PA 18612), commencement, operation and restoration of a small quarry operation in Franklin Township, **Luzerne**

County, affecting 3.0 acres, receiving stream—none. Application received: September 27, 2001. Permit issued: January 8, 2002.

8074SM3C7. M & M Stone Company (2840 West Clymer Avenue, Telford, PA 18969-0130), depth correction for an existing quarry operation in Lower Salford Township, **Montgomery County** affecting 431.38 acres, receiving stream—East Branch Perkiomen Creek. Application received: April 19, 2000. Correction issued: January 10, 2002.

7975SM4C3. Edison Quarry, Inc. (25 Quarry Road, Doylestown, PA 18901), renewal of NPDES Permit #PA0594270 in Doylestown Township, **Bucks County**, receiving stream—Neshaminy Creek. Application received: November 14, 2001. Permit issued: January 10, 2002.

67960301C3. Codorus Stone & Supply Co., Inc. (135 Mundis Race Road, York, PA 17402), renewal of NPDES Permit #PA0223701 in East Manchester Township, **York County**, receiving stream—Codorus Creek. Application received: November 21, 2001. Renewal issued: January 10, 2002.

Hawk Run District Mining Office: Empire Road, P. O. Box 209, Hawk Run, PA 16840-0209, (814) 342-8200.

08010820. Benjamin Stone (R. R. 1, Box 189, Towanda, PA 18848), commencement, operation and restoration of a small industrial minerals (flagstone) permit in Sheshequin Township, **Bradford County** affecting 3 acres. Receiving streams: unnamed tributary to Susquehanna River, tributary to Susquehanna River. Application received: July 30, 2001. Permit issued: January 9, 2002.

Greensburg District Mining Office: Armbrust Building, R. R. 2 Box 603-C, Greensburg, PA 15601-0982, (724) 925-5500.

26980601 and NPDES Permit PA0202193. Better Materials Corp. (2200 Springfield Pike, Connellsville, PA 15425-9503). Transfer of permit originally issued to Commercial Stone Co., Inc., for a large noncoal surface mine (limestone quarry) located in Bullsken Township, **Fayette County**, affecting 559.1 acres. Receiving streams: unnamed tributary to Breakneck Run, to Whites Run, to Mounts Creek, to Youghiogheny River. Transfer application received: August 10, 2001. Transfer permit issued: January 10, 2002.

ACTIONS ON BLASTING ACTIVITY APPLICATIONS

Actions on applications under the Explosives Acts of 1937 and 1957 (43 P.S. §§ 151–161); and 25 Pa. Code § 211.124 (relating to blasting activity permits). Blasting activity performed as part of a coal or noncoal mining activity will be regulated by the mining permit for that coal or noncoal mining activity.

Blasting Permits Actions

Pottsville District Mining Office: 5 West Laurel Boulevard, Pottsville, PA 17901-2454, (570) 621-3118.

21014034. Hall Explosives, Inc. (2981 Elizabethtown Road, Hershey, PA 17033), construction blasting in South Middleton Township, **Cumberland County** with an expiration date of January 31, 2003. Permit issued: January 8, 2002.

21014035. Hall Explosives, Inc. (2981 Elizabethtown Road, Hershey, PA 17033), construction blasting in

Dickinson Township, **Cumberland County** with an expiration date of January 31, 2003. Permit issued January 8, 2002.

36014066. Gerlach's Drilling & Blasting (172 Bender Mill Road, Lancaster, PA 17603), construction blasting in Manheim Township, **Lancaster County** with an expiration date of January 30, 2003. Permit issued: January 8, 2002.

40014012. 21st Century Consultants (27 Independence Road, Mountaintop, PA 18707), construction blasting for T-J Maxx Warehouse & Distribution Center in Pittston Township, **Luzerne County** with an expiration date of October 31, 2002. Permit issued: January 9, 2002.

44014003. Douglas Explosives, Inc. (P. O. Box 77, Philipsburg, PA 16866), construction blasting in Belleville Township, **Mifflin County** with an expiration date of March 31, 2002. Permit issued: January 9, 2002.

46014029. Schlouch, Inc. (Excelsior Industrial Park, P. O. Box 69, Blandon, PA 19510), construction blasting in New Hanover Township, **Montgomery County** with an expiration date of August 3, 2002. Permit issued: January 9, 2002.

46014030. American Rock Mechanics, Inc. (731 Chestnut Street, Zionsville, PA 18092), construction blasting in Trappe Borough, **Montgomery County** with an expiration date of August 8, 2002. Permit issued: January 9, 2002.

21024001. R & M Excavating (403 Hilltop Road, Newburg, PA 17240), construction blasting in West Pennsboro, **Cumberland County** with an expiration date of February 28, 2002. Permit issued: January 11, 2002.

28024001. DC Guelich Explosives (P. O. Box 245, Thomasville, PA 17364) construction blasting for Pavex, Inc. for Target Distribution Center in Guilford Township, **Franklin County** with an expiration date of August 31, 2002. Permit issued: January 11, 2002.

Hawk Run District Mining Office: Empire Road, P. O. Box 209, Hawk Run, PA 16840-0209, (814) 342-8200.

14024001. Orchard Creek Partnership, 1901 E. College Avenue, State College, PA 16801, for construction blasting, located in Benner Township, **Centre County**, with an expected duration of 365 days. Permit issued: January 10, 2002.

Greensburg District Mining Office: Armbrust Building, R. R. 2 Box 603-C, Greensburg, PA 15601-0982, (724) 925-5500.

02014004. Seabright Land Corporation (470 Old Frankstown Road, Monroeville, PA 15146). Permit issued for construction activities at the Seabright Plan of Lots located in North Fayette Township, **Allegheny County**, with an expected duration of 3 days. Permit issued: January 7, 2002.

02024001. Trumbull Inc. (P. O. Box 98100, Pittsburgh, PA 15227-0500). Permit issued for construction activities at the Cargo Road SR3160 project located in Findlay and Moon Townships, **Allegheny County**, with an expected duration of 150 days. Permit issued: January 7, 2002.

These actions of the Department of Environmental Protection (Department) may be appealed to the Environmental Hearing Board (Board), Second Floor, Rachel Carson State Office Building, 400 Market Street, P. O. Box 8457, Harrisburg, PA 17105-8457, (717) 787-3483, by any aggrieved person under the Environmental Hearing Board Act (35 P. S. § 7514) and 2 Pa.C.S. §§ 501—508

and 701—704 (relating to the Administrative Agency Law). Appeals must be filed with the Board within 30 days from the date of this issue of the *Pennsylvania Bulletin* unless the appropriate statute provides a different time period. Copies of the appeal form and the Department's regulations governing practice and procedure before the Board may be obtained from the Board.

FEDERAL WATER POLLUTION CONTROL ACT SECTION 401

The Department of Environmental Protection (Department) has taken the following actions on previously received permit applications, requests for Environmental Assessment approval and requests for Water Quality Certification under section 401 of the Federal Water Pollution Control Act (FWPCA) (33 U.S.C.A. § 1341(a)).

Except as otherwise noted, the Department certifies that the construction and operation herein described will comply with the applicable provisions of sections 301—303, 306 and 307 of the FWPCA (33 U.S.C.A. §§ 1311—1313, 1316 and 1317) and that the construction will not violate applicable Federal and State Water Quality Standards.

Persons aggrieved by this action may appeal, under section 4 of the Environmental Hearing Board Act (35 P. S. § 7514) and 2 Pa.C.S. §§ 501—508 and 701—704 (relating to the Administrative Agency Law) to the Environmental Hearing Board, Second Floor, Rachel Carson State Office Building, P. O. Box 8457, Harrisburg, PA 17105-8457, (717) 787-3483. TDD users may contact the Environmental Hearing Board (Board) through the Pennsylvania Relay Service, (800) 654-5984. Appeals must be filed with the Board within 30 days of receipt of written notice of this action unless the appropriate statute provides a different time period. Copies of appeal form and the Board's rules of practice and procedure may be obtained from the Board. The appeal form and the Board's rules of practice and procedure are also available in Braille or on audiotape from the Secretary of the Board at (717) 787-3483. This paragraph does not, in and of itself, create any right of appeal beyond that permitted by applicable statutes and decisional law.

Actions on applications for the following activities filed under the Dam Safety and Encroachments Act (32 P. S. §§ 693.1—693.27), section 302 of the Flood Plain Management Act (32 P. S. § 679.302) and The Clean Streams Law (35 P. S. §§ 691.1—691.702) and Notice of Final Action for Certification under section 401 of the Federal Water Pollution Control Act (33 U.S.C.A. § 1341(a)). (Note: Water Obstruction and Encroachment Permits issued for Small Projects do not include 401 Certification, unless specifically stated in the description.)

Permits Issued and Actions on 401 Certifications:

WATER OBSTRUCTIONS AND ENCROACHMENTS

Southcentral Region: Water Management Program Manager, 909 Elmerton Avenue, Harrisburg, PA 17110.

E01-229. Adams County Commissioners, 111—117 Baltimore Street, Gettysburg, PA 17325 in Mount Pleasant and Oxford Townships, **Adams County**, ACOE Baltimore District.

To rehabilitate and maintain Adams County Bridge No. 56 on T-428 Road (Storms Store Road) over South Branch of Conewago Creek (WWF). The rehabilitation on the bridge will include removing the fill and installing a well

draining backfill and possible weep holes, strengthening the spandrel walls and wingwalls, repairing cracks, repointing stone masonry, installing a membrane water proofing below the road surface, constructing new bituminous paving and underpinning and jacketing the abutments and piers (McSherrystown, PA Quadrangle N: 15.0 inches; W: 11.2 inches) in Mount Pleasant and Oxford Townships, Adams County.

E07-349. Tyrone Area School District, 701 Clay Avenue, Tyrone, PA 16686 in Snyder Township, **Blair County**, ACOE Baltimore District.

To construct and maintain a 4-span pedestrian bridge with spans of 97-feet each and an underclearance of 24.6-feet across the channel of Schell Run (WWF) at a point at the Tyrone High School (Tipton, PA Quadrangle N: 8.55 inches; W: 0.5 inch) in Snyder Township, Blair County. This project will permanently impact less than 0.01 acre of wetlands and temporarily impact 0.59 acre of wetlands. The amount of wetland impact is considered de minimis and wetland mitigation is not required.

E21-331. Hampden Township, 230 S. Sporting Hill Road, Mechanicsburg, PA 17050 in Hampden Township, **Cumberland County**, ACOE Baltimore District.

To construct and maintain 350 feet of boardwalk across a wetland area in the floodplain of an unnamed tributary to the Conodoquinet Creek (WWF) locally known as Beech Run located about 100 feet south of the Beech Run Road stream crossing (Harrisburg West, PA Quadrangle N: 2.3 inches; W: 11.6 inches) in Hampden Township, Cumberland County.

E28-291. Richard Mohn, 10599 Old Forge Road, Waynesboro, PA 17268 in Quincy Township, **Franklin County**, ACOE Baltimore District.

To construct and maintain a 15-foot single span bridge having a 5.5-foot underclearance across the channel of Biesecker Run (CWF) at a point 3,000 feet northeast of the Mentzer Gap Road intersection for the purpose of logging (Waynesboro, PA Quadrangle N: 7.4 inches; W: 4.9 inches) in Quincy Township, Franklin County.

E31-176. Huntingdon Borough, 531 Washington Street, Huntingdon, PA 16652 in Huntingdon Borough, **Huntingdon County**, ACOE Baltimore District.

To construct and maintain a swimming pool and recreational facilities within the floodway fringe of Standing Stone Creek (HQ-CWF) at a point upstream of Penn Street (Huntingdon, PA Quadrangle N: 19.7 inches; W: 0.9 inch) in Huntingdon Borough, Huntingdon County.

E31-177. Department of Natural Resources, Forestry Bureau 3-0, R. D. 1 Box 42-A, Blain, PA 17006, in Shirley Township, **Huntingdon County**, ACOE Baltimore District.

To (1) maintain an existing bridge having a span of 17.83 feet and an underclearance of 6.25 feet across the channel of West Licking Creek (HQ-CWF) at a point approximately 13,000 feet above its mouth; (2) replace the deck and maintain an existing bridge having a span of 19.5 feet and an underclearance of 5.83 feet across the channel of West Licking Creek (HQ-CWF) at a point approximately 12,000 feet above its mouth; (3) construct and maintain a bridge having a span of 22.5 feet and an underclearance of 5.33 feet across the channel of West Licking Creek (HQ-CWF) at a point approximately 11,200 feet upstream of its mouth; (4) construct and maintain a bridge having a span of 20.75 feet and an underclearance of 5.83 feet across the channel of West Licking Creek (HQ-CWF) at a point approximately 8,500 feet above its

mouth; and (5) construct and maintain a bridge having a span of 10 feet and an underclearance of 1.17 feet across the channel of a tributary to West Licking Creek (HQ-CWF) at a point just upstream of its mouth (Aughwick, PA Quadrangle N: 19.5 inches; W: 6.4 inches; N: 19.1 inches; W: 6.7 inches; N: 18.8 inches; W: 7.0 inches; N: 18.0 inches; W: 8.1 inches; N: 18.5 inches; W: 9.3 inches respectively) in Shirley Township, Huntingdon County.

Northcentral Region: Water Management Program Manager, 208 West Third Street, Williamsport, PA 17701.

E47-073. Pennsylvania Department of Transportation, Engineering District 3-0, P. O. Box 715, Montoursville, PA 17754, SR 0642, Bridge Over Mahoning Creek, in West Hemlock Township, **Montour County**, ACOE Baltimore District (Millville, PA Quadrangle N: 8.8 inches; W: 12.5 inches).

To remove the existing I-beam structure and construct, operate and maintain a 12-foot by 6.5-foot cast in place box culvert with a curb-to-curb width of 32 feet and a span of 51 feet and to relocate 155 linear feet of Mahoning Creek. The channel change is authorized to replicate the existing channel's pattern, profile and cross-section by utilizing natural channel materials without degrading the existing channel characteristics. This permit also authorizes the stabilization of 200 linear feet of riprap on the right bank and shoulder of the road.

E53-366. Harrison Township, 205 East Main Street, P. O. Box 92, Harrison Valley, PA 16927, Harrison Valley Wastewater Collection and Treatment Facility, in Harrison Township, **Potter County**, ACOE Baltimore District (Harrison Valley, PA Quadrangle N: 12.1 inches; W: 3.8 inches).

To construct, operate and maintain 50,000-feet of sanitary sewer line, treatment facility and outfall structure within the Cowanesque River watershed (Cold Water Fishery) for the treatment of municipal wastewater. Construction of the sanitary sewer lines will require the 25 stream crossings that are as follows:

<i>Stream Name</i>	<i>Number of Crossings</i>	<i>Total Length of Crossings</i>
North Branch—Cowanesque River	4	165-feet
Unnamed tributaries—North Branch Cowanesque River	5	90-feet
Unnamed tributaries—Cowanesque	4	140-feet
Dodge Hollow Run	10	130-feet
Marsh Creek	1	40-feet
	1	30-feet

All sewer line crossings shall be constructed with a minimum of 3-feet of cover with concrete encasement beneath the waterways. Trench plugs or clay dikes shall be used at every sewer line crossing a waterway to ensure the hydrology of the streams is not altered. Construction of the wastewater treatment facility will require the placement of fill in the 100-year floodplain of the Cowanesque River. The placement of fill and the toe of fill slopes shall not encroach into the floodway or within 50-feet of the Cowanesque stream bank. The project will not impact wetlands while impacting 595-feet of waterway. The project is located along the eastern and western right-of-way of SR 0049 approximately 2.3-miles south and north of SR 1019 and SR 0049 intersection. This permit was issued under § 105.13(e) "Small Projects." This permit also includes 401 Water Quality Certification.

Southwest Region: Water Management Program Manager, 400 Waterfront Drive, Pittsburgh, PA 15222-4745.

E03-391. Richard L. Castle, 686 Jackson Road, Apollo, PA 15613. Kiskiminetas Township, **Armstrong County**, ACOE Pittsburgh District.

To stabilize and maintain existing fill placed along approximately 310 feet of the left bank of Rattling Run (CWF) and to construct and maintain a culvert crossing consisting of a 6-inch depressed 9.3-foot x 6.3-foot steel spiral rib pipe arch and a 4.0-foot corrugated metal pipe in Rattling Run (CWF) for the purpose of expanding and accessing a truck parking space. The project is located off of S.R. 2051, approximately 0.5 mile south of its intersection with S.R. 0056 (Vandergrift, PA Quadrangle N: 14.5 inches; W: 3.6 inches).

E63-508. John Sisson Motors, Inc., 470 Washington Road, Washington, PA 15301. South Strabane Township, **Washington County**, ACOE Pittsburgh District.

To place and maintain fill in 0.13 acre of wetlands (PEM/PSS), to extend and maintain the existing box culvert having a span of 12.0 feet and an underclearance of 5.0 feet with a 99.0 foot long box culvert having a span of 12.0 feet with an underclearance of 5.0 feet in an unnamed tributary to Chartiers Creek for the purpose of expanding the existing parking area and car storage area on applicant's dealership. The project is located on the east side of Washington Road (U.S. Route 19), approximately 600 feet north from the intersection of Washington Road, Manifold Road and Cameron Road. This permit also authorizes the construction and maintenance of two 15-inch diameter outfall structures. The applicant has met the wetland replacement requirement by contributing to the Wetland Replacement Fund. (Washington East, PA Quadrangle N: 11.6 inches; W: 12.5 inches).

E63-514. Washington County Planning Commission, 100 West Beau Street, Suite 701, Washington, PA 15301. Buffalo Township, **Washington County**, ACOE Pittsburgh District.

To remove the existing bridge (Brownlee Bridge No. 38) and to construct and maintain a new bridge having a span of 65.0 feet with an underclearance of 15.0 feet across the channel of Buffalo Creek (HQ-WWF) for the purpose of improving highway safety. The bridge is located on T-472, approximately 300 feet west from the intersection of T-472 and LR 62135. This permit also authorizes the construction and maintenance of a temporary road crossing in the channel of said stream, the placement and maintenance of rip-rap bank protection along the left and right banks of said stream and the removal of an existing outfall structure on the right bank of said stream and the construction and maintenance of two new outfall structures on the right bank of said stream. (Washington West, PA Quadrangle N: 0.2 inch; W: 16.8 inches).

E65-766. Easy Living Estates and Management Corporation, R. D. 4, Box 107, Ligonier, PA 15658. East Huntingdon and Hempfield Townships, **Westmoreland County**, ACOE Pittsburgh District.

To construct and maintain a 20-feet long, 20-feet by 8-feet box culvert having natural streambed in Belson Run (WWF) for providing access to the property. The work also includes placing and maintaining fill in 0.5 acre of wetland and placing eight 12-inch diameter pipes adjacent to the culvert in order to provide hydrology for the remaining wetlands. The project is located at the Easy Living Estates and Management New Stanton Facility along the south side of S.R. 3093. The permittee

will construct 0.53 acre of replacement wetland, along with two outfall structures to Belson Run (Mt. Pleasant, PA Quadrangle N: 12.3 inches; W: 13.5 inches).

Northwest Region: Water Management Program Manager, 230 Chestnut Street, Meadville, PA 16335-3481.

E20-504. William M. Densmore, 1253 Bethel Green Drive, Bethel Park, PA 15102. William Densmore Dock, in Summit Township, **Crawford County**, ACOE Pittsburgh District (Harmonsburg, PA Quadrangle N: 2.9 inches; W: 7.6 inches).

To rehabilitate and maintain a solid fill private dock measuring 10 feet wide extending approximately 40 feet from the shore of Conneaut Lake at 11393 North Shore Drive.

SPECIAL NOTICES

Plan Revision Approval under the Municipal Waste Planning Recycling and Waste Reduction Act

Northcentral Region: Regional Planning and Recycling Coordinator, 208 West Third Street, Suite 101, Williamsport, PA 17701.

The Department of Environmental Protection (DEP) approved a revision to the Northern Tier, Bradford, Sullivan and Tioga Counties' Municipal Waste Management Plan on November 20, 2001.

DEP approved a revision for the Lycoming County Municipal Waste Management Plan Update 2000 on December 11, 2001.

Persons aggrieved by this action may appeal, under section 4 of the Environmental Hearing Board Act (35 P. S. § 7514) and 2 Pa.C.S. §§ 501—508 and 701—704 (relating to the Administrative Agency Law) to the Environmental Hearing Board, Second Floor, Rachel Carson State Office Building, 400 Market Street, P. O. Box 8457, Harrisburg, PA 17105-8457, (717) 787-3483. TDD users may contact the Board through the Pennsylvania Relay Service, (800) 654-5984. Appeals must be filed with the Board within 30 days of receipt of written notice of this action unless the appropriate statute provides a different time period. Copies of the appeal form and the Board's rules of practice and procedure may be obtained from the Board. The appeal form and the Board's rules of practice and procedure are also available in Braille or on audiotape from the Secretary to the Board at (717) 787-3483. This paragraph does not, in and of itself, create any right of appeal beyond that permitted by applicable statutes and decisional law.

For individuals who wish to challenge this action, the appeal must reach the Board within 30 days. A lawyer is not needed to file an appeal with the Board.

Important legal rights are at stake, however, so individuals should show this document to a lawyer at once. Persons who cannot afford a lawyer may qualify for free pro bono representation. Call the Secretary to the Board at (717) 787-3483 for more information.

The plan revision is a public document and may be viewed at the DEP Regional Office previously noted.

Questions concerning this approval should be directed to Sally Lohman, Chief, Waste Planning Section, Department of Environmental Protection, Bureau of Land Recycling and Waste Management, Division of Waste Minimization and Planning, P. O. Box 8472, Harrisburg, PA 17105-8472; or to Ronald Sommers, Regional Planning

and Recycling Coordinator, Bureau of Land Recycling and Waste Management at the Regional Office previously noted.

Recycling Grant Awards under the Municipal Waste Planning, Recycling and Waste Reduction Act

The Department of Environmental Protection announces the following grants to municipalities for recycling programs under the Municipal Waste Planning, Recycling and Waste Reduction Act (act) (53 P. S. §§ 4000.101—4000.1904).

Grant funds are used to develop and implement recycling programs. Municipalities and counties are eligible for up to 90% funding of approved recycling program

costs. Municipalities considered financially distressed under the Financial Distressed Communities Act are eligible to receive funding for an additional 10% of approved costs. All grant awards are predicated on the receipt of recycling fees required by sections 701 and 702 of the act and the availability of moneys in the Recycling Fund.

Inquiries regarding the grant offerings should be directed to Todd Pejack, Recycling Grants Coordinator, Department of Environmental Protection, Bureau of Land Recycling and Waste Management, Division of Waste Minimization and Planning, Rachel Carson State Office Building, P. O. Box 8472, Harrisburg, PA 17105-8472.

Act 101 Section 902 Recycling Development and Implementation Grants

	<i>Municipal Applicant</i>	<i>Project Type</i>	<i>Total Project Costs</i>	<i>Recommendation</i>
Southeast Region				
1	Chester County	Office Recycling and Recycling Education	\$81,106	\$72,914
Southcentral Region				
2	City of Harrisburg Dauphin County	Curbside Recycling and Yard Waste Collection	\$411,482	\$370,334
Southwest Region				
3	South Union Township Fayette County	Yard Waste Recycling and Recycling Education	\$220,000	\$198,000
4	Peters Township Washington County	Curbside Recycling and Home Composting	\$26,283	\$23,654
5	City of Jeannette Westmoreland County	Recycling Center Improvements	\$413,108	\$371,797
Northwest Region				
6	Millcreek Township Erie County	Curbside Recycling and Recycling Education	\$243,926	\$211,433
	Total		\$1,395,905	\$1,248,132

Availability of Brownfields Inventory Grants under the Hazardous Sites Cleanup Act

The Department of Environmental Protection (DEP) hereby announces the availability of Brownfields Inventory Grants under the Hazardous Sites Cleanup Act (HSCA). Under the Brownfields Inventory Grant Program, DEP will provide grants to municipalities and economic development agencies to inventory the brownfield properties in their areas. If the brownfield properties are available for redevelopment, the grantee will gather information about infrastructure, suspected or confirmed environmental contamination and other related information. The grantee will then list the site on the Pennsylvania SiteFinder (formerly the Pennsylvania Brownfields Directory).

This is the fifth round of grants under the Brownfields Inventory Grant Program. Under this round of grants, DEP will consider grant applications to inventory brownfield properties in all counties or municipalities throughout this Commonwealth. The following counties and/or their respective municipalities are not currently in the Brownfields Inventory Grant Program and are encouraged to apply: Bradford, Cameron, Carbon, Clarion, Clearfield, Delaware, Elk, Forest, Franklin, Fulton, Huntingdon, Jefferson, Lebanon, McKean, Monroe, Pike,

Potter, Sullivan, Tioga, Venango, Warren, Wayne and Wyoming.

Municipalities and economic development agencies may apply to DEP for the grants by submitting an application, available by calling the DEP Land Recycling and Cleanup Program, (717) 783-7816. The application package may also be downloaded from DEP's website at: <http://www.dep.state.pa.us/dep/deputate/airwaste/wm/landrecy/default.htm>. Grant applications for this round of grants must be received by DEP on or before February 28, 2002.

If the grant is approved, the grantee will be paid \$1,000 for each brownfield site that is identified and entered into the Pennsylvania SiteFinder. Grants are limited to \$50,000.

The Brownfields Inventory Grants will be issued under the authority of the HSCA. The HSCA authorizes DEP to investigate and assess potential releases of hazardous substances. This includes collecting information concerning sites that are potentially contaminated with hazardous substances and may need assessment or cleanup. Funds for the Brownfields Inventory Grants will be provided out of the Hazardous Sites Cleanup Fund.

The term "brownfields" shall be defined as properties that are abandoned, idled or underutilized industrial and

commercial facilities where expansion or redevelopment is impeded by real or perceived environmental contamination.

The term "municipality" shall include any county, city, borough or township government in this Commonwealth.

The term "economic development agency" shall include:

(1) Any redevelopment authority created under the Urban Redevelopment Law.

(2) Any industrial development agency as that term is defined in the Pennsylvania Industrial Development Authority Act.

(3) Any industrial and commercial development authority created under the Economic Development Financing Law.

(4) Any area loan organization as that term is defined in the Capital Loan Fund Act.

(5) Any other Commonwealth or municipal authority which acquires title or an interest in property.

(6) Municipalities or municipal industrial development or community development departments organized by ordinance under a home rule charter which buy and sell land for community development purposes.

(7) Tourist promotion agencies or their local community-based nonprofit sponsor which engage in the acquisition of former industrial sites as part of an "industrial heritage" or similar program.

(8) Conservancies engaged in the renewal or reclamation of an industrial site.

[Pa.B. Doc. No. 02-144. Filed for public inspection January 25, 2002, 9:00 a.m.]

Alternative Fuels Incentive Grant Program Opportunity Notice

The Department of Environmental Protection (DEP), Bureau of Air Quality announces the second opportunity to apply under Cycle 9 of a program to promote and expand the use of alternative transportation fuels and fuel systems such as compressed natural gas, liquefied natural gas, liquid propane gas, ethanol, methanol, hydrogen, hythane, electricity, coal-derived liquid fuels and fuels derived from biological materials. Grant funds can be used to pay for the difference between an alternative fuel vehicle and a conventional gasoline or diesel vehicle, to convert an existing gasoline vehicle to operate on an alternative fuel, to purchase a new energy efficient hybrid electric vehicle, to purchase and install a refueling or recharging facility or to evaluate new alternative fuel technologies.

Eligible applicants for incentive grants are schools and vocational school districts, municipal authorities, counties, cities, boroughs, incorporated towns, townships, county institution districts, nonprofit entities and corporations or partnerships incorporated or registered in this Commonwealth and Commonwealth residents. Grants awarded in this funding cycle will cover up to 20% of the applicant's eligible costs. DEP will again be awarding \$1,500 grants for hybrid electric vehicles.

An application package, which provides more details on the program, can be obtained from the Department of Environmental Protection, Bureau of Air Quality, P. O. Box 8468, Harrisburg, PA 17105-8468, (717) 772-3429 or

by e-mail to vharris@state.pa.us. Individuals may fax a request to (717) 772-2303, Attn: AFIG. Specify the project type when requesting an application package. The application package is electronically available on DEP's website at www.dep.state.pa.us (directLINK "Alternative Fuels"). The deadline for submitting a Cycle 9 application to DEP is by 4 p.m. April 19, 2002.

DAVID E. HESS,
Secretary

[Pa.B. Doc. No. 02-145. Filed for public inspection January 25, 2002, 9:00 a.m.]

Availability of Technical Guidance

Technical guidance documents are on DEP's website (www.dep.state.pa.us) at the Public Participation Center page. The "December 2001 Inventory" heading is the Governor's list of nonregulatory guidance documents. The "Final Documents" heading is the link to a menu of the various DEP bureaus and from there to each bureau's final technical guidance documents. The "Draft Technical Guidance" heading is the link to DEP's draft technical guidance documents.

DEP will continue to revise its nonregulatory documents, as necessary, throughout 2002.

Ordering Paper Copies of DEP Technical Guidance

DEP encourages the use of the Internet to view guidance documents. When this option is not available, persons can order a bound paper copy of the latest inventory or an unbound paper copy of any of the final documents listed on the inventory by calling DEP at (717) 783-8727.

In addition, bound copies of some of DEP's documents are available as DEP publications. Check with the appropriate bureau for more information about the availability of a particular document as a publication.

Changes to Technical Guidance Documents

Following is the current list of recent changes. Persons who have any questions or comments about a particular document should call the contact person whose name and phone number is listed with each document.

Notice of Intent to Rescind

DEP ID: 550-3000-001 Title: Compliance Monitoring and Enforcement Policy Description: DEP's Oil and Gas Management Bureau recently updated policies and published new technical guidance documents pertaining to compliance monitoring, enforcement actions and civil penalty assessments. These new documents were approved on January 12, 2002. To avoid any confusion, notice is hereby given to remove and rescind the old document (previously listed) from the DEP inventory. Effective Date: January 26, 2002 Contact: Frank Bialas at (717) 772-2199 or e-mail: fbialas@state.pa.us.

Draft Technical Guidance

DEP ID: 013-0830-005 Title: Suggested Formats for the Required Electronic Deliverable Attachments Description: The DEP data eStandards workgroup is working in a cooperative effort with its programs and the eGovernment project, in conjunction with the public, to thoroughly and accurately distinguish, assess, analyze and create working standards for external and internal submission of electronic deliverables as attachments to DEP. The objective is to adopt guidelines and policies that will improve

compatibility, coordination, quality and consistency for eGovernment initiatives and projects.

Accordingly, this policy establishes the standards, requirements and acceptable formats for external and internal electronic attachments. The intent of this policy is to ensure the uniformity, reliability and compatibility of electronic attachments received by DEP. This will promote the enhanced use of DEP's eGovernment applications by providing the guidance necessary to successfully and consistently participate in DEP's eGovernment programs. Anticipated Effective Date: March 23, 2002 Comment Period Ends: February 25, 2002 Contact: Rick Bennett at (717) 705-3870 or e-mail: ribennett@state.pa.us.

DAVID E. HESS,
Secretary

[Pa.B. Doc. No. 02-146. Filed for public inspection January 25, 2002, 9:00 a.m.]

DEPARTMENT OF HEALTH

Application of Phoenixville Hospital for Exception

Under 28 Pa. Code § 51.33 (relating to requests for exceptions), the Department of Health (Department) hereby gives notice that Phoenixville Hospital has requested an exception to the requirements of 28 Pa. Code § 571.1 (relating to minimum standards), which requires compliance with minimum standards contained in the

following publication: *Guidelines for Design and Construction of Hospital and Healthcare Facilities*. The facility specifically requests exemption from the following standards contained in this publication: 9.5.F2c(1)(2) (relating to class B operating rooms).

The request is on file with the Department. Persons may receive a copy of a request for exception by requesting a copy from Department of Health, Division of Acute and Ambulatory Care, Room 532, Health and Welfare Building, Harrisburg, PA 17120, (717) 783-8980, fax: (717) 772-2163, e-mail address: DDITLOW@STATE.PA.US.

Those persons who wish to comment on an exception request may do so by sending a letter by mail, e-mail or facsimile to the Division and address previously listed.

The facility is requesting a waiver of the 10-day comment period before the Department decides whether to approve or disapprove the request for exception.

Persons with a disability who wish to obtain a copy of a request and/or provide comments to the Department and require an auxiliary aid, service or other accommodation to do so, should contact Director, Division of Acute and Ambulatory Care at (717) 783-8980, V/TT: (717) 783-6154 for Speech and/or Hearing Impaired Persons or the Pennsylvania AT&T Relay Service at (800) 654-5984 [TT].

ROBERT S. ZIMMERMAN, Jr.,
Secretary

[Pa.B. Doc. No. 02-147. Filed for public inspection January 25, 2002, 9:00 a.m.]

DEPARTMENT OF LABOR AND INDUSTRY

Current Prevailing Wage Act Debarments

The following contractors have been determined to have intentionally violated the Pennsylvania Prevailing Wage Act (act) (43 P. S. §§ 165-11—165-17). This notice is published for the information and convenience of public bodies subject to the act. Under section 11(e) of the act (43 P. S. § 165-11(e)), these persons and firms, or any firms, corporations or partnerships in which the persons and firms have an interest, shall be awarded no contract for 3 years after the date listed.

<i>Contractor</i>	<i>Address</i>	<i>Date of Debarment</i>
JAE Electric Service, Inc. (Fed. ER Tax ID No. 23-1605546) and Jay Weintraub	14 Mount Pleasant Drive Aston, PA 19014 -and- 1010 Nicole Drive Newtown Square, PA 19073	April 14, 1999
Douglas R. Hughes, Inc. (Fed. ER Tax ID No. 25-1327715) and Douglas R. Hughes	R. D. 1, Box 22 Sycamore, PA 15364	May 5, 1999
A/K Computers, Inc. a/k/a A/K Technologies, Inc. (Fed. ER Tax ID Nos. 25-1638066, 23-2196007 -and- 25-1828932)	738 Cumberland Street Lebanon, PA 17042	May 27, 1999

<i>Contractor</i>	<i>Address</i>	<i>Date of Debarment</i>
Alex Roofing Company, Inc. (Fed. ER Tax ID No. 25-1358277) -and- Peter Alex, III— Extended to include Alex Roofing Construction Co., Inc., (Fed. ER Tax ID No. 23-2889536), Roof Maintenance Co. and Karen Alex, individually	1134 Payne Avenue Erie, PA 16503	August 24, 1999
Eugene Krall, t/a American Power Wash (Fed. ER Tax ID No. 23-2848212)	1644 East 12th Street Erie, PA 16511 -and- 2021 West State Street New Castle, PA 16101	August 26, 1999
Stiteler Builders, Inc. and James Stiteler, individually	P. O. Box 7904 Lancaster, PA 17604 and/or- 315 Dahlia Road Lancaster, PA 17602 and/or- 1000 Bluegrass Road Lancaster, PA 17601 and/or- 30 Magnolia Drive Conestoga, PA 17506	September 9, 1999
Thomas S. Cappa Associates, Inc. (Fed. ER Tax ID No. 23-2808815) and Thomas S. Cappa, individually	P. O. Box 45 Springhouse, PA 19477 -and/or- 708 Lawrence Lane Maple Glen, PA 19002	May 26, 2000
Robert Mueller, individually, and Mueller Custom Contracting (Fed. ER Tax ID No. 25-1572125)	1337 Valley View Road Bellefonte, PA 16823	June 19, 2000
Peter Celender (Fed. ER Tax ID No. 25-1725623)	c/o Blue Eagle Construction 44 McKnight Street Pittsburgh, PA 15220	June 19, 2000
Irwin Pearlman, a/k/a Irv Pearlman, d/b/a Pearlman Demolition (Fed. ER Tax ID No. 25-1593522)	5841 Morrowfield Avenue Pittsburgh, PA 15217	June 29, 2000
ANR Construction Corporation (Fed. ER Tax ID No. 23-2692566) and Ashraf H. Ramelah	1642 Union Boulevard, Suite H Allentown, PA 18103 -and/or- c/o Dreslin & Company, Inc. Suite 150 190 West Germantown Pike Norristown, PA 19401	August 29, 2000
R & R Cablevision, Inc. t/a Home Automation Security Plus (Fed. ER Tax ID No. 25-1576416) -and- Ronald Snelick	204 Chestnut Street P. O. Box 428 St. Marys, PA 15857 -and- 122 Fern Lane Kersey, PA 15846	October 3, 2000
Allegheny Communication Systems, Inc., and Mary J. Ronco, individually (Fed. ER Tax ID No. 25-1742078)	262 Shasta Drive Pittsburgh, PA 15239 -and- 1640 Little Meadow Road Pittsburgh, PA 15241	December 8, 2000

<i>Contractor</i>	<i>Address</i>	<i>Date of Debarment</i>
C & R Mechanical Contractors, Inc. (Fed. ER Tax ID No. 23-2841873)	620 Parkway Boulevard Broomwall, PA 19008 -and- 425 Doe Run Lane Springfield, PA 19064-1103 -and- 583 Abbott Drive Broomall, PA 19008	January 8, 2001
First Choice Fire Protection, Inc. (Fed. ER Tax ID No. 23-2891133) -and- Ronald Seidel	3 Chinkapin Drive Fleetwood, PA 19522	February 7, 2001
Brim Industrial Maintenance, Inc. (Fed. ER Tax ID No. 25-1771179) -and- William Logue, individually, Richard M. Dorsey, individually	1152 E. Finley Drive Claysville, PA 15323 -and- 1118 E. Finley Drive Claysville, PA 15323 -and- 1153 E. Finley Drive Claysville, PA 15323	February 23, 2001
Lee Dial, Inc. (Fed. ER Tax ID No. 23-2873962), a/k/a Lee Dial Contractors (Fed. ER Tax ID No. 25-1731565) and Lee Dial Construction, and Lee Dial, individually	538 East Penn Avenue Cleona, PA 17042	April 3, 2001
John Sadowsky, individually and d/b/a John Sadowsky Drywall	100 Ckrasi T-8 West Mifflin, PA 15122	April 4, 2001
Clifford Heist, individually, and Deborah L. Heist, individually, and d/b/a Heist Floors Hard- wood and More	224 Water Street Titusville, PA 16354	May 9, 2001
F.A.C.E. Associates, Inc. -and- Francis J. Palumbo, a/k/a Chip Palumbo	648 Morgantown Street P. O. Box 609 Uniontown, PA 15401 14 Bailey Lane Uniontown, PA 15401 -and- 18 Bailey Lane Uniontown, PA 15401 -and- 648 Morgantown Street P. O. Box 609 Uniontown, PA 15401	May 15, 2001
MAC Paving & Seal Coating, Inc. (Fed. ER ID No. 23-2958002) and Kathleen Doyle Cleary, individually	725 Gino Merli Drive Peckville, PA 18452	October 5, 2001

Contractor

Dennis F. Casey, Inc.
(Fed. ER ID No. 23-1742477)
-and- Dennis F. Casey, III,
individually

Address

302 Ryers Avenue
Cheltenham, PA 19012
-and-
6825 Germantown Ave.
Philadelphia, PA 19119-2113
-and-
3760 Frankford Ave.
Philadelphia, PA 19124

Date of Debarment

December 5, 2001

G & P Painting Co., Inc.
(Fed. ER ID No. 23-2427765)
-and- James White, individually

1819 Regina Street
Harrisburg, PA 17103
-and-
P. O. Box 2624
Harrisburg, PA 17105

December 5, 2001

Siteworks! of Greater Delaware
Valley, LLC (Fed. ER ID No.
23-2975551) -and- Chester
Atkins, individually

1118 Melrose Avenue
Melrose Park, PA 19027-3016

December 5, 2001

MAST Contractors, Inc.
(Fed. ER ID No. 23-2049610)

219 Ruth Road
Harleysville, PA 19438
-and-
656 Route 113
P. O. Box 228
Harleysville, PA 19438

December 14, 2001

JOHNNY J. BUTLER,
Secretary

[Pa.B. Doc. No. 02-148. Filed for public inspection January 25, 2002, 9:00 a.m.]

DEPARTMENT OF TRANSPORTATION

Application to Lease Right-of-Way

The Department of Transportation (Department), under 67 Pa. Code § 495.4 (relating to application procedure), gives notice that an application to lease highway right-of-way has been submitted to the Department by Horizon House, Inc., 120 S. 30th St., Philadelphia, PA 19104, seeking to lease 8,457 square feet of highway right-of-way located at the northeast corner of 30th and Walnut Streets, Philadelphia, PA, lower level under the Walnut St. Bridge, State Route 3006 Section 03B, for parking only.

Interested persons are invited to submit, within 30 days from the publication of this notice in the *Pennsylvania Bulletin*, written comments, suggestions and/or objections regarding the approval of this application to Andrew Warren, District Engineer, Engineering District 6-0, 7000 Geerdes Boulevard, King of Prussia, PA 19406.

Questions regarding this application or the proposed use may be directed to Ray DeMasi, Real Estate Specialist, Department of Transportation, District 6-0, 7000 Geerdes Boulevard, King of Prussia, PA 19406; (610) 205-6507.

BRADLEY L. MALLORY,
Secretary

[Pa.B. Doc. No. 02-149. Filed for public inspection January 25, 2002, 9:00 a.m.]

ENVIRONMENTAL HEARING BOARD

Springfield Township v. DEP; EHB Doc. No. 2001-298-MG

Springfield Township has appealed the issuance by the Department of Environmental Protection of an NPDES permit to same for a facility in Springfield Township, Delaware County.

A date for the hearing on the appeal has not yet been scheduled.

The appeal is filed with the Environmental Hearing Board (Board) at its office on the Second Floor, Rachel Carson State Office Building, 400 Market Street, P. O. Box 8457, Harrisburg, PA 17105-8457, and may be reviewed by any interested party on request during normal business hours. If information concerning this notice is required in an alternative form, contact the Secretary to the Board at (717) 787-3483. TDD users may telephone the Board through the AT&T Pennsylvania Relay Center at (800) 654-5984.

Petitions to intervene in the appeal may be filed with the Board by interested parties under 25 Pa. Code § 1021.62. Copies of the Board's rules of practice and procedure are available upon request from the Board.

GEORGE J. MILLER,
Chairperson

[Pa.B. Doc. No. 02-150. Filed for public inspection January 25, 2002, 9:00 a.m.]

INDEPENDENT REGULATORY REVIEW COMMISSION

Actions Taken by the Commission

The Independent Regulatory Review Commission met publicly at 10:30 a.m., Thursday, January 10, 2002, and took the following actions:

Regulations Approved

State Board of Social Workers, Marriage and Family Therapists and Professional Counselors #16A-694: Licensure (amends 49 Pa. Code Chapter 47 and adds Chapters 48 and 49)

Department of Public Welfare #14-473: Changes in Payment Methodology for Movable Property and Exceptional Payment for Nursing Facility Services (amends 55 Pa. Code Chapter 1187)

State Board of Podiatry #16A-444: Fees (amends 49 Pa. Code Chapter 29)

State Board of Pharmacy #16A-549: Reference Libraries; Facsimile Machines (amends 49 Pa. Code Chapter 27)

Approval Order

Public Meeting held
January 10, 2002

Commissioners Voting: John R. McGinley, Jr., Chairperson, by phone; Alvin C. Bush, Vice Chairperson; Arthur Coccodrilli; Robert J. Harbison, III; John F. Mizner, by phone

State Board of Social Workers, Marriage and Family Therapists and Professional Counselors—Licensure; Regulation No. 16A-694

On March 13, 2001, the Independent Regulatory Review Commission (Commission) received this proposed regulation from the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors (Board). This rulemaking amends 49 Pa. Code Chapter 47 and adds Chapters 48 and 49. The proposed regulation was published in the March 24, 2001 *Pennsylvania Bulletin* with a 30-day public comment period. The final-form regulation was submitted to the Commission on November 27, 2001. The Board withdrew the regulation on December 14, 2001. The final-form regulation was resubmitted on December 18, 2001.

Act 136 of 1998 (Act 136) established licensure standards for three previously unlicensed professions: clinical social workers, professional counselors and marriage and family therapists. This regulation implements the licensure requirements of Act 136. The regulation sets forth procedures and education, examination and experience requirements for licensure in these three professions.

We have determined this regulation is consistent with the statutory authority of the Board (63 P.S. § 1906(1) and (2)) and the intention of the General Assembly. Having considered all of the other criteria of the Regulatory Review Act, we find promulgation of this regulation is in the public interest.

By Order of the Commission:

This regulation is approved.

Approval Order

Public Meeting held
January 10, 2002

Commissioners Voting: John R. McGinley, Jr., Chairperson, by phone; Alvin C. Bush, Vice Chairperson; Arthur Coccodrilli; Robert J. Harbison, III; John F. Mizner, by phone

Department of Public Welfare—Changes in Payment Methodology for Movable Property and Exceptional Payment for Nursing Facility Services; Regulation No. 14-473

On December 12, 2001, the Independent Regulatory Review Commission (Commission) received this regulation from the Department of Public Welfare (Department). This rulemaking amends 55 Pa. Code Chapter 1187. Notice of proposed rulemaking was omitted for this regulation; it will become effective upon publication in the *Pennsylvania Bulletin*.

This regulation changes the methodology for reporting of and payment for movable property under the case-mix system. The Department will now be able to make additional payments to nursing facilities for medically necessary durable medical equipment when the cost of such equipment exceeds what is normally covered by Medical Assistance.

We have determined this regulation is consistent with the statutory authority of the Department of Public Welfare (62 P.S. §§ 201 and 443.1) and the intention of the General Assembly. Having considered all of the other criteria of the Regulatory Review Act, we find promulgation of this regulation is in the public interest.

By Order of the Commission:

This regulation is approved.

Approval Order

Public Meeting held
January 10, 2002

Commissioners Voting: John R. McGinley, Jr., Chairperson, by phone; Alvin C. Bush, Vice Chairperson; Arthur Coccodrilli; Robert J. Harbison, III

State Board of Podiatry—Fees; Regulation No. 16A-444

On March 23, 2001, the Independent Regulatory Review Commission (Commission) received this proposed regulation from the State Board of Podiatry (Board). This rulemaking amends 49 Pa. Code Chapter 29. The proposed regulation was published in the April 7, 2001 *Pennsylvania Bulletin* with a 30-day public comment period. The final-form regulation was submitted to the Commission on December 6, 2001.

The Board is required to establish fees that cover expenditures over a biennial period. Some Board-collected fees have been changed to address these expenditures. The Board is also changing the collection practice of one fee and adding another, based on changes in administrative practice.

We have determined this regulation is consistent with the statutory authority of the State Board of Podiatry (63 P.S. § 42.14(a)) and the intention of the General Assem-

bly. Having considered all of the other criteria of the Regulatory Review Act, we find promulgation of this regulation is in the public interest.

By Order of the Commission:

This regulation is approved.

Approval Order

Public Meeting held
January 10, 2002

Commissioners Voting: John R. McGinley, Jr., Chairperson, by phone; Alvin C. Bush, Vice Chairperson; Arthur Coccodrilli; Robert J. Harbison, III

State Board of Pharmacy—Reference Libraries; Facsimile Machines—Regulation No. 16A-549

On May 2, 2001, the Independent Regulatory Review Commission (Commission) received this proposed regulation from the State Board of Pharmacy (Board). This rulemaking amends 49 Pa. Code Chapter 27. The proposed regulation was published in the May 12, 2001 *Pennsylvania Bulletin* with a 30-day public comment period. The final-form regulation was submitted to the Commission on December 6, 2001.

This regulation reduces the mandated size of a pharmacy's reference library, and allows a pharmacist to fill prescriptions for all Schedule II controlled narcotic substances received by fax machine for hospice patients, without reviewing the original prescription.

We have determined this regulation is consistent with the statutory authority of the State Board of Pharmacy (63 P. S. §§ 390-4(j) and 390-6(k)(1) and (9)) and the intention of the General Assembly. Having considered all of the other criteria of the Regulatory Review Act, we find promulgation of this regulation is in the public interest.

By Order of the Commission:

This regulation is approved.

JOHN R. MCGINLEY, Jr.,
Chairperson

[Pa.B. Doc. No. 02-151. Filed for public inspection January 25, 2002, 9:00 a.m.]

Notice of Comments Issued

Section 5(d) of the Regulatory Review Act (71 P. S. § 745.5(d)) provides that the designated standing committees may issue comments within 20 days of the close of the public comment period, and the Independent Regulatory Review Commission (Commission) may issue comments within 10 days of the close of the committees' comment period. The Commission's Comments are based upon the criteria contained in section 5.1(h) and (i) of the Regulatory Review Act (71 P. S. § 745.5a(h) and (i)).

The Commission issued comments on the following proposed regulation. The agency must consider these comments in preparing the final-form regulation. The final-form regulation must be submitted by the date indicated.

*Final-Form
Submission
Deadline*

<i>Reg. No.</i>	<i>Agency/Title</i>	<i>Issued</i>	<i>Deadline</i>
106-6	Environmental Hearing Board Practice and Procedure	1/10/02	12/10/03

(31 Pa.B. 6156 (November 10, 2001))

Environmental Hearing Board Regulation No. 106-6 Rules of Practice and Procedure

January 10, 2002

We submit for consideration the following objections and recommendations regarding this regulation. Each objection or recommendation includes a reference to the criteria in the Regulatory Review Act (71 P. S. § 745.5a(h) and (i)) which have not been met. The Environmental Hearing Board (Board) must respond to these Comments when it submits the final-form regulation. If the final-form regulation is not delivered by December 10, 2003, the regulation will be deemed withdrawn.

1. Section 1021.2. Definitions.—Clarity.

Electronic filing

We have three concerns with this definition. First, the phrase "or such other format as the Board may permit" is vague. This phrase should be clarified through either a citation or a cross-reference in the final-form regulation.

Second, the phrase "other device" is unclear. The Board should indicate what it means by "other device" in this definition.

Finally, for clarity and readability, the Board should break the long sentence defining "electronic filing" into two sentences.

Registration statement

The phrase "such information as the Board may require" as included in this definition is vague. As a list of "such information" would be a substantive provision, it should not be included within the definition of "registration statement." Rather, this list could be placed in the body of the regulation, such as § 1021.22, relating to service by a party, or where the term is used.

JOHN R. MCGINLEY, Jr.,
Chairperson

[Pa.B. Doc. No. 02-152. Filed for public inspection January 25, 2002, 9:00 a.m.]

INSURANCE DEPARTMENT

Donegal Mutual Insurance Company; Homeowners 1991 Policy Program—Rates and Rules Filing

On January 9, 2002, the Insurance Department (Department) received from Donegal Mutual Insurance Company a filing for a rate level change for homeowners insurance.

The company requests an overall 8.2% increase amounting to \$2.281 million annually, to be effective April 1, 2002.

Unless formal administrative action is taken prior to March 10, 2002, the subject filing may be deemed approved by operation of law.

Copies of the filing will be available for public inspection, by appointment, during normal working hours at the Department's regional offices in Harrisburg, Philadelphia, Pittsburgh and Erie.

Interested parties are invited to submit written comments, suggestions or objections to Michael W. Burkett, Insurance Department, Bureau of Regulation of Rates and Policies, Room 1311, Strawberry Square, Harrisburg, PA 17120 (e-mail at mburkett@state.pa.us) within 30 days after publication of this notice in the *Pennsylvania Bulletin*.

M. DIANE KOKEN,
Insurance Commissioner

[Pa.B. Doc. No. 02-153. Filed for public inspection January 25, 2002, 9:00 a.m.]

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Merger and Transfer of Property Without Hearing

A-310125F0003 and A-311163F0004. AT&T Communications of Pennsylvania, Inc. and AT&T Communications of Pennsylvania, LLC. Joint Application of AT&T Communications of Pennsylvania, Inc. and AT&T Communications of Pennsylvania, LLC., for approval of Merger and Transfer of Property.

This application may be considered without a hearing. Protests or petitions to intervene can be filed with the Pennsylvania Public Utility Commission, P. O. Box 3265, Harrisburg, PA 17105-3265, with a copy served on the applicant on or before February 11, 2002, under 52 Pa. Code (relating to public utilities).

Applicant: AT&T Communications of Pennsylvania, Inc.; AT&T Communications of Pennsylvania, LLC.

Through and By Counsel: Daniel Clearfield, Esquire, Alan Kohler, Esquire, Wolf, Block, Schorr and Solis-Cohen, 212 Locust Street, Locust Court, Suite 300, Harrisburg, PA 17101; and Robert Barber, Stephanie Baldanzi, 3033 Chain Bridge Road, Oakton, VA 22185.

JAMES J. MCNULTY,
Secretary

[Pa.B. Doc. No. 02-154. Filed for public inspection January 25, 2002, 9:00 a.m.]

Service of Notice of Motor Carrier Applications

The following temporary authority and/or permanent authority applications for the right to render service as a common carrier or contract carrier in this Commonwealth have been filed with the Pennsylvania Public Utility Commission (Commission). Publication of this notice shall be considered as sufficient notice to all carriers holding authority from this Commission. Applications will be considered without hearing in the absence of protests to the application. Protests to the applications published herein are due on or before February 19, 2002, as set forth in 52 Pa. Code § 3.381 (relating to applications for transportation of property and persons). The protest shall

also indicate whether it applies to the temporary authority application or the permanent application or both.

Application of the following for approval to begin operating as common carriers for transportation of persons as described under the application.

A-00118552. Keystone Cab Service, Inc. (29 Carolyn Street, Harrisburg, Dauphin County, PA 17112), a corporation of the Commonwealth of Pennsylvania—persons upon call or demand in the county of Dauphin. *Attorney:* J. Bruce Walter, P. O. Box 1146, Harrisburg, PA 17108-1146.

JAMES J. MCNULTY,
Secretary

[Pa.B. Doc. No. 02-155. Filed for public inspection January 25, 2002, 9:00 a.m.]

Telecommunications

A-310072F7001. Verizon North Inc. and VarTec Telecom, Inc. Joint Petition of Verizon North Inc. and VarTec Telecom, Inc. for approval of an interconnection agreement under section 252(e) of the Telecommunications Act of 1996.

Verizon North Inc. and VarTec Telecom, Inc. filed on January 9, 2002, at the Pennsylvania Public Utility Commission (Commission), a Joint Petition for approval of an Interconnection Agreement under sections 251 and 252 of the Telecommunications Act of 1996.

Interested parties may file comments concerning the petition and agreement with the Secretary, Pennsylvania Public Utility Commission, P. O. Box 3265, Harrisburg, PA 17105-3265. Comments are due on or before 10 days after the date of publication of this notice. Copies of the Verizon North Inc. and VarTec Telecom, Inc. Joint Petition are on file with the Commission and are available for public inspection.

The contact person is Cheryl Walker Davis, Director, Office of Special Assistants, (717) 787-1827.

JAMES J. MCNULTY,
Secretary

[Pa.B. Doc. No. 02-156. Filed for public inspection January 25, 2002, 9:00 a.m.]

PHILADELPHIA REGIONAL PORT AUTHORITY

Request for Bids

The Philadelphia Regional Port Authority (PRPA) will accept bids for Project #0204.P, purchase of five HP Laserjet 4100TN printers, until 2 p.m. on Thursday, February 7, 2002. The bid documents can be obtained from the Director of Procurement, PRPA, 3460 N. Delaware Ave., 2nd Fl., Philadelphia, PA 19134, (215) 426-2600 and will be available January 29, 2002. PRPA is an equal opportunity employer. Contractor must comply with

all applicable equal employment opportunity laws and regulations.

JAMES T. MCDERMOTT, Jr.,
Executive Director

[Pa.B. Doc. No. 02-157. Filed for public inspection January 25, 2002, 9:00 a.m.]

STATE BOARD OF VEHICLE MANUFACTURERS, DEALERS AND SALESPERSONS

**Bureau of Professional and Occupational Affairs v.
R&D Auto Sales; Doc. No. 1118-60-2001**

On December 18, 2001, the State Board of Vehicle Manufacturers, Dealers and Salespersons (Board) issued an adjudication and order in which it levied a civil penalty of \$1,000 and indefinitely suspended the vehicle

dealer license of R&D Auto Sales, license number VD-022540-L.

Individuals may obtain a copy of the adjudication by writing to Thomas A. Blackburn, Board Counsel, State Board of Vehicle Manufacturers, Dealers and Salespersons, P. O. Box 2649, Harrisburg, PA 17105-2649.

This adjudication and order represents the final Board decision in this matter. It may be appealed to the Commonwealth Court of Pennsylvania by the filing of a petition for review with that court in accordance with the Pennsylvania Rules of Appellate Procedure. Individuals who take an appeal to the Commonwealth Court must serve the Board with a copy of the petition for review. The Board contact for receiving service of appeals is the previously-mentioned Board counsel.

ROBERT G. PICKERILL,
Chairperson

[Pa.B. Doc. No. 02-158. Filed for public inspection January 25, 2002, 9:00 a.m.]

STATE CONTRACTS INFORMATION

DEPARTMENT OF GENERAL SERVICES

Notices of invitations for bids and requests for proposals on State contracts for services and commodities for which the bid amount is reasonably expected to be over \$10,000, are published in the State Contracts Information Section of the *Pennsylvania Bulletin* prior to bid opening date. Information in this publication is intended only as notification to its subscribers of available bidding and contracting opportunities, and is furnished through the Department of General Services, Vendor Information and Support Division. No action can be taken by any subscriber or any other person, and the Commonwealth of Pennsylvania is not liable to any subscriber or any other person, for any damages or any other costs incurred in connection with the utilization of, or any other reliance upon, any information in the State Contracts Information Section of the *Pennsylvania Bulletin*. Interested persons are encouraged to call the contact telephone number listed for the particular solicitation for current, more detailed information.

EFFECTIVE JULY 1, 1985, A VENDOR'S FEDERAL IDENTIFICATION NUMBER (NUMBER ASSIGNED WHEN FILING INCOME TAX DOCUMENTS) OR SOCIAL SECURITY NUMBER IF VENDOR IS AN INDIVIDUAL, MUST BE ON ALL CONTRACTS, DOCUMENTS AND INVOICES SUBMITTED TO THE COMMONWEALTH.

Act 266 of 1982 provides for the payment of interest penalties on certain invoices of "qualified small business concerns". The penalties apply to invoices for goods or services when payments are not made by the required payment date or within a 15 day grace period thereafter.

Act 1984-196 redefined a "qualified small business concern" as any independently owned and operated, for-profit business concern employing 100 or fewer employees. See 4 Pa. Code § 2.32. The business must include the following statement on every invoice submitted to the Commonwealth: "(name of business) is a qualified small business concern as defined in 4 Pa. Code 2.32."

A business is eligible for payments when the required payment is the latest of:

The payment date specified in the contract.

30 days after the later of the receipt of a proper invoice or receipt of goods or services.

The net payment date stated on the business' invoice.

A 15-day grace period after the required payment date is provided to the Commonwealth by the Act.

For more information: contact: Small Business Resource Center

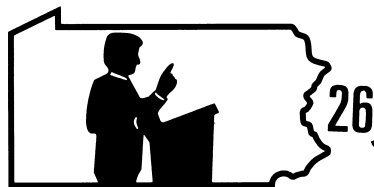
PA Department of Community and Economic Development

374 Forum Building

Harrisburg, PA 17120

800-280-3801 or (717) 783-5700

Reader's Guide



Legal Services & Consultation

① Service Code Identification Number

② Commodity/Supply or Contract Identification No.

B-54137. Consultant to provide three 2-day training sessions, covering the principles, concepts, and techniques of performance appraisal and standard setting with emphasis on performance and accountability, with a knowledge of State Government constraints.

Department: General Services

Location: Harrisburg, Pa.

Duration: 12/1/93-12/30/93

Contact: Procurement Division
787-0000

③ Contract Information

④ Department

⑤ Location

⑥ Duration

⑦

(For Commodities: Contact:)
Vendor Services Section
717-787-2199 or 717-787-4705

REQUIRED DATA DESCRIPTIONS

- ① Service Code Identification Number: There are currently 39 state service and contractual codes. See description of legend.
- ② Commodity/Supply or Contract Identification No.: When given, number should be referenced when inquiring of contract of Purchase Requisition. If more than one number is given, each number represents an additional contract.
- ③ Contract Information: Additional information for bid preparation may be obtained through the departmental contracting official.
- ④ Department: State Department or Agency initiating request for advertisement.
- ⑤ Location: Area where contract performance will be executed.
- ⑥ Duration: Time estimate for performance and/or execution of contract.
- ⑦ Contact: (For services) State Department or Agency where vendor inquiries are to be made.

(For commodities) Vendor Services Section (717) 787-2199 or (717) 787-4705

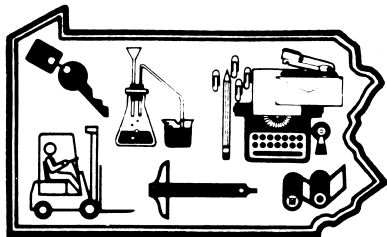
GET A STEP AHEAD IN COMPETING FOR A STATE CONTRACT!

The Treasury Department's Bureau of Contracts and Public Records can help you do business with state government agencies. Our efforts focus on guiding the business community through the maze of state government offices. The bureau is, by law, the central repository for all state contracts over \$5,000. Bureau personnel can supply descriptions of contracts, names of previous bidders, pricing breakdowns and other information to help you submit a successful bid on a contract. We will direct you to the appropriate person and agency looking for your product or service to get you "A Step Ahead." Services are free except the cost of photocopying contracts or dubbing a computer diskette with a list of current contracts on the database. A free brochure, *"Frequently Asked Questions About State Contracts,"* explains how to take advantage of the bureau's services.

Contact: **Bureau of Contracts and Public Records**

Pennsylvania State Treasury
Room G13 Finance Building
Harrisburg, PA 17120
717-787-2990
1-800-252-4700

BARBARA HAFER,
State Treasurer



Commodities

1228351 Titration and Conductivity Measurement System. If you have problems downloading a bid, please call our Fax Back System at (717) 705-6001.

Department: Environmental Protection
Location: Harrisburg, PA
Duration: FY 2001-02
Contact: Vendor Services (717) 787-2199

1261111 Sweet Pea Seeds. If you have problems downloading a bid, please call our Fax Back System at (717) 705-6001.

Department: Corrections
Location: SCI Rockview, PA
Duration: FY 2001-02
Contact: Vendor Services (717) 787-2199

1265201 Handguns. Beretta 96 Brigadier-D, 40 Caliber, Doubleaction only Handgun. No Substitute. If you have problems downloading a bid, please call our Fax Back System at (717) 705-6001.

Department: State Police
Location: Harrisburg, PA
Duration: FY 2001-02
Contact: Vendor Services (717) 787-2199

1258151 Audio Video System. If you have problems downloading a bid, please call our Fax Back System at (717) 705-6001.

Department: State System of Higher Education
Location: Edinboro University, PA
Duration: FY 2001-02
Contact: Vendor Services (717) 787-2199

0400REB Reinforcement bars, grade 60, epoxy coated. All bars to be fabricated to attached specifications designated by reinforcement bar schedules. Each reinforcement bar schedule to be bundled separately and tagged with the corresponding state route number, mark number and county name. Awards will be made on a total bid amount. Materials to be delivered F.O.B. to each PennDOT maintenance yard as included with the bid package. All quantities are estimated.

Department: Transportation
Location: PennDOT District 4 county maintenance yards. Lackawanna, Pike, Susquehanna, Wayne and Wyoming Counties.
Contact: Gerald Pronko (570) 963-4039

State Bid #232 Circuit Board Plotter.

Department: General Services
Location: Pennsylvania State University, Leonhard Building University Park, PA
Duration: Due Date: 1-30-02
Contact: Mr. Steven Blazer (814) 865-5418

State Bid #233 Calibration System.

Department: General Services
Location: Pennsylvania State University, Leonhard Building, University Park, PA
Duration: Due Date: 1-30-02
Contact: Mr. Steven Blazer (814) 865-5418

8251200 Rebid Trucks, Crew Cab. For a copy of bid package fax request to (717) 787-0725.

Department: Transportation
Location: Harrisburg, PA
Duration: FY 2001-02
Contact: Vendor Services (717) 787-2199

1254111 Seed: Snap Bean. If you have problems downloading a bid, please call our Fax Back System at (717) 705-6001.

Department: Corrections
Location: SCI Rockview, PA
Duration: FY 2001-02
Contact: Vendor Services (717) 787-2199

2805-01 Rebid in Part #1 Engine Parts & Accessories (No Substitute). For a copy of bid package fax request to (717) 787-0725.

Department: Transportation
Location: Harrisburg, PA
Duration: Contract Period 07/01/02—06/30/01
Contact: Vendor Services (717) 787-2199

LE-01004 Outboard Engine, Evinrude Model E225FPXSN, 225 HP, Ficht Ram Injection, No Substitutes, must match existing equipment on boat.

Department: Fish and Boat Commission
Location: Harrisburg, PA
Duration: One Time Purchase
Contact: Dennis Grove (717) 705-7915

5610-15 Supplement #4 Aggregate and Anti-Skid Materials. For a copy of bid package fax request to (717) 787-0725.

Department: General Services
Location: All Using Agencies of the Commonwealth
Duration: Contract Period 01/01/02—12/31/05
Contact: Vendor Services (717) 787-2199

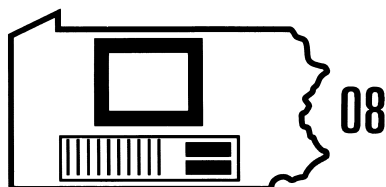
1195111 Furnish and Install Gate System with Operators. If you have problems downloading a bid, please call our Fax Back System at (717) 705-6001.

Department: Corrections
Location: Muncy, PA
Duration: FY 2001-02
Contact: Vendor Services (717) 787-2199

X22392 Purchase of 40 (quantity estimated) electronic dosimeters.

Department: Environmental Protection
Location: Harrisburg PA
Duration: April 19, 2002
Contact: Nancy W. Miller (717) 787-9645

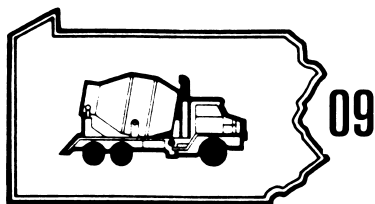
SERVICES



Computer Related Services

02-111-2311 RFP for technical services including, but not limited to, the following initiatives: First Call Support for Listed Mainframe ERP Applications Technical Support for in-house developed VB Applications Technical Support for Interfaced Systems Using Financial Information The Senior Business Consultant with a minimum of five years experience in the implementation, maintenance, modification and business operations of all American Software systems. The Senior Technical Consultant and Technical Consultant responsibilities will include 24/7 operations/end user support, technical design, and program modification of enhancements and interfaces to and from ancillary systems. LANGUAGES: Mainframe: COBOL, CICS, DB2, (DOS-VSE) JCL, SyncSort, IDCAMS/VSAM, DRD, CLIST, REXX. PC: Microsoft Visual Basic (VB6), Visual Basic for Applications & Visual Basic scripting (Macro). TOOLS: ICCF, VMLIB (Source Control), PASSPORT, CEDE, CEMT, Microsoft Office Suite (Word, Excel, Access, Outlook), FTP & TCP/IP Utilities. PLATFORMS: VM, DOS-VSE, MS-DOS, Microsoft Windows NT. AMERICAN SOFTWARE SYSTEMS: Copies of the RFP can be obtained by calling 717-939-9551, extension 2750 or at email rbaillets@paturnpike.com. Written questions must be received by February 11, 2002. Closing date for receipt of proposals is March 1, 2002.

Department: Turnpike Commission
Location: PTC Central Office, Highspire, PA
Duration: One year contract, with renewal options.
Contact: Ralph Baillets 717-939-9551 X2750



Construction & Construction Maintenance

020/021 Vendor needed to supply fire rated steel doors with frames and hardware to the Allentown State Hospital. Additional information and specifications can be obtained by calling the Allentown State Hospital, Purchasing Department, at (610) 740-3425, or faxing a request for the bid packet to (610) 740-3424.

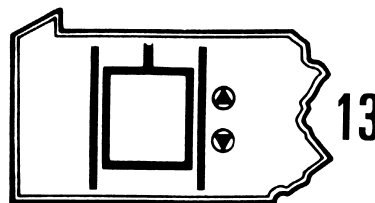
Department: Public Welfare
Location: Allentown State Hospital, 1600 Hanover Avenue, Allentown, PA 18109
Duration: 01/2002 thru 03/31/2002
Contact: Robert Mitchell (610) 740-3425

DGS 700-39CS, BC&SW PROJECT TITLE: Livestock Evaluation Center. BRIEF DESCRIPTION: Construct a Livestock Evaluation Center for testing bulls, rams and boars. Facility consists of an exhibit hall, animal handling and display areas, barns, feed building, maintenance building, swine unit, onsite sewage treatment, water storage tank and well, manure storage, silage bins and livestock handling equipment. ESTIMATED RANGE: \$4,000,000.00 TO \$7,000,000.00. General, HVAC, Plumbing and Electrical Construction. PLANS DEPOSIT: \$150.00 per set payable to COMMONWEALTH OF PA. Refundable upon return of plans and specifications in reusable condition as construction documents within 15 days after the bid opening date. Bidder is responsible for the cost of delivery of the plans and specifications. Contact the office listed below to arrange for delivery of documents. A separate check must be submitted to cover the cost of delivery. Mail a separate check for \$20.00 per set or provide your express mail account number to the office listed below. Mail requests to: Department of General Services, Room 107 Headquarters Building, 18th and Herr Streets, Harrisburg, PA 17125, Tel: 717/787-3923. Bid Date: WEDNESDAY, February 27, 2002 at 2:00 P.M. A Pre-Bid Conference has been scheduled for Wednesday, February 6, 2002 at 10:00 A.M. at the Department of General Services' Satellite Office at Penn State University, Bldg. 939, University Park, PA 16802. The DGS Satellite Office is located at the Corner of Big Hollow and Tower Roads. Contact: Tony Petulla (814) 863-6531. All Contractors who have secured Contract Documents are invited and urged to attend this Pre-Bid Conference. CONTRACTOR QUALIFICATION FORMS - SWINE UNIT 700-39SW1.1, SW2, SW3 AND SW4. The General Contractor shall have a minimum five (5) years experience in the design and construction of swine systems. HVAC Construction must be performed by a contractor experienced and skilled in design fabrication, fitting, installation of HVAC equipment and controls for Swine Building. Electrical Construction must be performed by a contractor experienced and skilled in the design fabrication, fitting installation of electrical systems for Swine Buildings.

Department: General Services
Location: Livestock Evaluation Center, Ferguson Township, Centre County, PA
Duration: 270 CALENDAR DAYS FROM DATE OF INITIAL JOB CONFERENCE
Contact: Contract and Bidding Unit 717/787-6556

SU-921B SU-921B: Seavers Structural Maintenance - Phase I. Shippensburg University of the State System of Higher Education invites General Contractors to request bid documents for this project. Work includes concrete stair repair and replacement at Seavers Apartment. Prospective bidders may obtain project plans for a nonrefundable fee of \$20.00 by contacting STV Architects, ATTN: Stuart Rothenberger, 205 West Welsh Drive, Douglassville, PA 19518. Phone 610-385-8248 or FAX: 610-385-8501. PreBid meeting with site visit immediately to follow will be held on January 30, 2002 in the Reed Operations Center at Shippensburg University. Bids Due: February 14, 2002 at 4:00 PM in Old Main Room 300. Public Bid Opening: February 15, 2002 at 2:00 PM. Non-Discrimination and equal opportunity are the policies of the Commonwealth of PA State System of Higher Education.

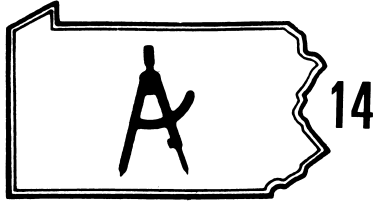
Department: State System of Higher Education
Location: Shippensburg University, Shippensburg, PA 17257
Duration: 45 days after receipt of Notice to Proceed
Contact: Deborah K. Martin (717) 477-1121



Elevator Maintenance

IN-826.5 Elevator Renovation at Foster Hall to consist of removing existing elevator controllers, elevator power unit, signal fixtures, wiring, etc., to furnish and install new power unit, elevator controllers, inspection station, signal fixtures, elevator cab, doors and frames, etc. Work to include all labor, superintendence, materials, tools and equipment to complete the project as specified.

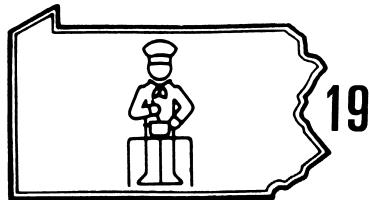
Department: State System of Higher Education
Location: Indiana University of Pennsylvania, Indiana, PA
Duration: 150 days
Contact: Ronald E. Wolf (724) 357-4851



Engineering Services

PennDOT-ECMS The Pennsylvania Department of Transportation has established a website advertising for the retention of engineering firms. You can view these business opportunities by going to the Department of Transportation's Engineering and Construction Management System at www.dot2.state.pa.us.

Department: Transportation
Location: Various
Contact: www.dot2.state.pa.us



Food

4001 Poultry Contract, Frozen for April, May & June 2002. Please send a fax with your company name, address, phone and fax number to 570-587-7108 to request a bid package. Bid packages cannot be faxed.

Department: Public Welfare
Location: Clarks Summit State Hospital, 1451 Hillside Drive, Clarks Summit, PA 18411-9505
Duration: April 1—June 30, 2002
Contact: Stanley Rygelski, Purch. Agent (570) 587-7291

4008 Miscellaneous Frozen Foods Contract for April, May and June 2002. Please send a fax with your company name, address, phone and fax numbers to 570-587-7108 to request a bid package. Bid packages cannot be faxed.

Department: Public Welfare
Location: Clarks Summit State Hospital, 1451 Hillside Drive, Clarks Summit, PA 18411-9505
Duration: April 1—June 30, 2002
Contact: Stanley Rygelski, Purch. Agent (570) 587-7291

4000 Meat Contract, Frozen for April, May & June 2002. Please send a fax with your company name, address, phone and fax numbers to 570-587-7108 to request a bid package. Bid packages cannot be faxed.

Department: Public Welfare
Location: Clarks Summit State Hospital, 1451 Hillside Drive, Clarks Summit, PA 18411-9505
Duration: April 1—June 30, 2002
Contact: Stanley Rygelski, Purch. Agent (570) 587-7291

4005 Dairy Contract for April, May and June 2002. Please send a fax with your company name, address, phone and fax numbers to 570-587-7108 to request a bid package. Bid packages cannot be faxed.

Department: Public Welfare
Location: Clarks Summit State Hospital, 1451 Hillside Drive, Clarks Summit, PA 18411-9505
Duration: April 1 - June 30, 2002
Contact: Stanley Rygelski, Purch. Agent (570) 587-7291

#AC 8386 A-L Perishable Food Items as follows: #AC 8386-A: Meat & Meat Products, #AC 8386-B: Poultry & Poultry Products, #AC 8386-C: Miscellaneous Foods, #AC 8386-D: Produce, #AC 8386-E: Prepared Salads-Fresh, #AC 8386-F: Fruits & Vegetables-Frozen, #AC 8386-G: Dairy Products, #AC 8386-H: Cheese, #AC 8386-I: Fish and Fish Products, #AC 8386-J: Frozen Juices, #AC 8386-K: Ice Cream-Sherbert & Related Novelties, and #AC 8386-L Shell Eggs. Commodities and quantities available from the Purchasing Office, Ebensburg Center, Rt. 22 West, PO Box 600, Ebensburg, PA 15931. Awards will be made in the best interest of the Commonwealth.

Department: Public Welfare
Location: Altoona Center (Storeroom), Department of Public Welfare, 1515 Fourth Street, Altoona, PA 16601.
Duration: April 1, 2002 thru June 30, 2002
Contact: Marilyn Cartwright, Purchasing Agent (814) 472-0259

4009 Juice Drinks, Frozen, 4 oz., Contract for April, May & June 2002. Please send a fax with your company name, address, phone and fax numbers to 570-587-7108 to request a bid package. Bid packages cannot be faxed.

Department: Public Welfare
Location: Clarks Summit State Hospital, 1451 Hillside Drive, Clarks Summit, PA 18411-9505
Duration: April 1 - June 30, 2002
Contact: Stanley Rygelski, Purch. Agent (570) 587-7291

SP22015010 Provide meals and complete meal services to Law Enforcement Cadets using the PA Fish & Boat Commission's education/conference facilities at Fisherman's Paradise, Spring Creek, Benner Township, Centre County, PA during the period March 1 through October 15, 2002.

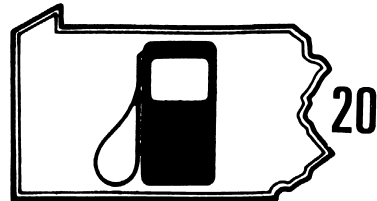
Department: Fish and Boat Commission
Location: PA Fish & Boat Commission, H.R. Stackhouse Training Facility, 1150 Spring Creek Road, Bellefonte, PA 16823
Duration: March 1, 2002 through October 15, 2002
Contact: Kathi Tibbott (814) 359-5130

SP116300001 Beverage Service to include delivery of cola, diet cola, and lemon-lime syrups/concentrates in five-gallon disposable bag-in-box containers, regulators, and CO2 cylinders, and connection to Commonwealth-owned SerVend model #MD150 beverage dispensing machines.

Department: Corrections
Location: Quehanna Boot Camp, H-C Box 32, State Route 1011, Karthaus, PA 16845
Duration: 07/01/02—06/30/05.
Contact: Janine E. Packard (814) 263-4125, EXT 3235

#8385 A-K Perishable Food Items as follows: #8385-A: Meat & Meat Products, #8385-B: Poultry & Poultry Products, #8385-C: Miscellaneous Foods, #8385-D: Produce, #8385-E: Prepared Salads-Fresh, #8385-F: Fruits & Vegetables-Frozen, #8385-G: Dairy Products, #8385-H: Cheese, #8385-I: Fish and Fish Products, #8385-J: Frozen Juices, #8385-K: Ice Cream-Sherbert & Related Novelties. Commodities and quantities available from the Purchasing Office, Ebensburg Center, Rt. 22 West, PO Box 600, Ebensburg, PA 15931. Awards will be made in the best interest of the Commonwealth.

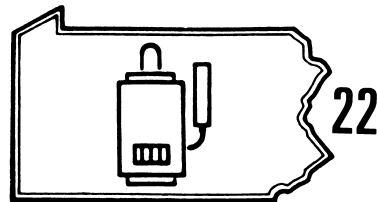
Department: Public Welfare
Location: Ebensburg Center (Dietary Building), Department of Public Welfare, Rt. 22 W, PO Box 600, Ebensburg, PA 15931.
Duration: April 1, 2002 thru June 30, 2002
Contact: Marilyn Cartwright, Purchasing Agent (814) 472-0259



Fuel Related Services

2-2-00049 Contractor shall furnish and install Three (3) heavy duty vertical free standing 5,000 gallon Polyethylene Magnesium/Calcium Tanks with site gauge and pump shelter. The Department of Transportation will prepare Three (3) sites with containment areas.

Department: Transportation
Location: Tanks to be installed at Houtzdale, Glen Hope and Patchinville Stockpiles all located in Clearfield County.
Duration: 04/01/02 thru 03/30/03
Contact: Debbie Swank (814) 765-0524



HVAC Services

SU-2001/38 Transformer. Furnish and install a new primary switch, a second substation transformer and vacuum circuit breakers within existing 15kV switchgear. The electrical upgrade includes a new exterior two-position puffer vacuum interrupter and an exterior pad mounted transformer (rated 4,000 KVA, oil filled, 23kV primary/12.47 kV secondary). New main and tie break vacuum circuit breakers (rated: 1,200 amp), metering relays, and key interlock devices will be installed within existing Cuttler Hammer 15kV metal-clad switchgear. The installation shall include all materials, equipment and labor to supply and install the above equipment. Requests for bid packages should be made in writing to Shippensburg University, Deborah K. Martin, Administrative Services, 1871 Old Main Drive, Shippensburg, PA 17257. FAX: 717-477-4004. Bids are due at 4:00 PM on February 5, 2002.

Department: State System of Higher Education
Location: Shippensburg University, Shippensburg, PA 17257
Duration: Work to be completed by June 8, 2002
Contact: Deborah K. Martin (717) 477-1121

02-112-2302 Request for proposals to provide mechanical, electrical, fire alarm and fire protection system maintenance for its Central Administration Building. A mandatory pre-proposal meeting and walk through will be held on Feb. 6, 2002 at 10 a.m. in the Central Administration Building, 700 S. Eisenhower Blvd., Middletown, PA 17057. Questions must be in writing and submitted by Feb. 11, 2002 to Mike Taylor, Manager, Fax: 717-986-8759 E-mail: mtaylor@paturnpike.com Deadline for submitting proposals is Feb. 22, 2002 at 10 a.m. Plans for the mechanical, electrical, fire alarm and fire protection system can be viewed at the PTC Central Administration Building. To view documents during normal working hours contact Jane Kelly, Administrative Services at 717-939-9551 X3471. Plans can be purchased at Cornerstone Graphics, 3525 N. 6th Street, Harrisburg 17110 tel: 717-236-9110

Department: Turnpike Commission
Location: Central Administration Building
Duration: Three year contract with option to renew
Contact: Mike Taylor, Manager Administrative Services (717) 939-9551 X3250



Janitorial Services

165019 Daily janitorial services, contractor to supply personnel, equipment and cleaning supplies. The janitorial service will be for the main office and garage offices.

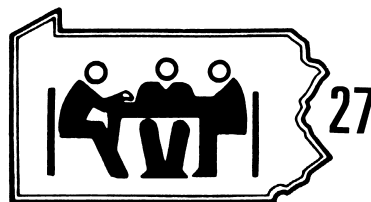
Department: Transportation
Location: 1901 Ruffner Street, Philadelphia, PA
Duration: This contract will be a two-year contract, with renewals for two, two-year periods
Contact: Jill Logue (215) 225-1415



Laboratory Services

SP1116300003 Laboratory testing of water and sewerage samples, to include provision of sample containers, chemical supplies, forms, labels, transportation of samples to the laboratory, and reports to the Quehanna Boot Camp Facility Maintenance department, Department of Environmental Protection. Bid package may be requested via fax 814-263-3902, or e-mail to jpackard@state.pa.us.

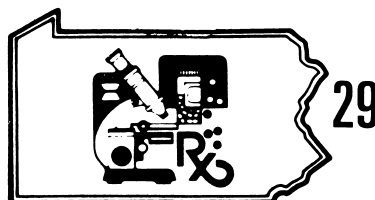
Department: Corrections
Location: Quehanna Boot Camp, H-C Box 32, State Route 1011, Karthaus, PA 16845
Duration: 07/01/02 - 06/30/05.
Contact: Janine E. Packard (814) 263-4125, EXT 3235



Lodging/Meeting Facilities

01-6102-400 Services required of hotel are: one banquet/ballroom with tiered seating for approximately 380 individuals for a group meal, including head table to be placed upon a fixed stage with a riser; 1 meeting room to accommodate approximately 380 individuals; 6 meeting rooms, available simultaneously, to accommodate 90 individuals per room; lodging (approximately 350 single occupancy rooms to be located within the main conference facility) for the Office of Inspector General Summer Conference held August 5 through August 7, 2002; meeting equipment and food items for breakfast, lunch and dinner for approximately 380 individuals who will be attending training sessions on the premises; free parking as part of overnight accommodations located directly adjacent to all hotel and conference meeting rooms; recreational activities including, but not limited to, outdoor recreational facilities; facility for an outdoor BBQ; handicapped-accessible meeting rooms and a sufficient number of handicapped-accessible sleeping rooms.

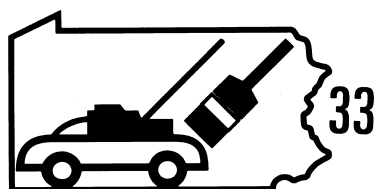
Department: Inspector General
Location: Within a 10 mile radius of Lancaster City Proper
Duration: August 6, thru and including August 8, 2002
Contact: Harry Turnauer 717-783-7691



Medical Services

#20877003 Optometric Services for both the Ebensburg Center (Cambria Co.) and the Altoona Center (Blair County). Contractor to provide annual vision screening and lenses, frames, etc. as required.

Department: Public Welfare
Location: Ebensburg Center, Rt. 22 West, PO Box 600, Ebensburg, PA 15931 (Cambria County) and Altoona Center, 1515 Fourth St., Altoona, PA 16601 (Blair Co.)
Duration: Anticipated to begin 7/01/02 thru 6/30/05
Contact: Cora Davis, PA I (814) 472-0288



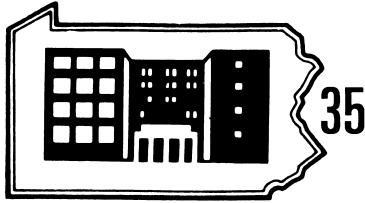
Property Maintenance

MI-841 Gaige Hall MI-841 Gaige Hall - Sprinklers & Renovations. Project consists of renovations to the recreation room, lobby, toilet rooms and dormitory rooms including but not limited to aesthetic enhancements; coded compliance; HVAC and electrical upgrades; plumbing repairs and upgrades; sprinkler system; mechanical systems life-cycle renewal. Prebid Conferences 01/16/02 and 01/30/02 both will be held in Gaige Hall Recreation Room at 10:00 a.m. Plans Cost \$125.00 nonrefundable. Bidding documents will be available at the first prebid on 01/16/02. Contact by email jcoleman@millersville.edu or bwendler@millersville.edu.

Department: State System of Higher Education
Location: Gaige Hall, Millersville University of PA
Duration: Project completion date is August 18, 2002.
Contact: Jill M. Coleman (717) 872-3730

6305-01 160 Marvin or approved equal windows for 10 cabins located in Cowans Gap State Park. These windows must meet historical requirements.

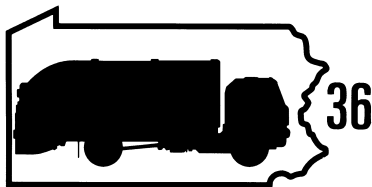
Department: Conservation and Natural Resources
Location: Cowans Gap State Park, 6235 Aughwick Road, Fort Loudon, PA 17224
Duration: 6/30/02
Contact: Steve Behe (717) 485-5011



Real Estate Services

93358 LEASE OFFICE SPACE TO THE COMMONWEALTH OF PA. Proposals are invited to provide the State Police with 20,994 useable square feet of office space in Dauphin County, PA. with minimum parking for 84 vehicles. The offered space must be located within a one (1) mile radius of the intersection of US Route 22 & PA Route 39. For more information on SFP #93358 which is due on March 18, 2002 visit www.dgs.state.pa.us or call (717) 787-4394.

Department: State Police
Location: 505 North Office Building Harrisburg, PA 17125
Contact: John Hocker (717) 787-4396



Sanitation

SP 20783001 Provide Trash, Paper and Rubbish Removal Services to Dept. of Public Welfare, Youth Forestry Camp No. 2, Hickory Run State Park, RR #1, Box 82, White Haven, PA 18661.

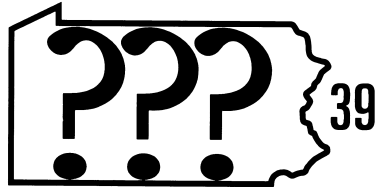
Department: Public Welfare
Location: Youth Forestry Camp No. 2, Hickory Run State Park, RR #1 Box 82, White Haven PA 18661
Duration: July 1, 2002 to June 30, 2007
Contact: Susan E. Wilkinson (570) 443-9524

SP1347021006 Contractor to supply quote for trash/refuse removal and quote for rental and service of Marathon RJ-250SC/RJ-250HT as per detailed specifications which can be obtained from the Northeastern Veterans Center. Send fax request to (570) 961-4400 or e-mail to bpartyka@state.pa.us.

Department: Military Affairs
Location: Northeastern Veterans Center, 401 Penn Avenue, Scranton, PA 18503-1213
Duration: July 1, 2002 through June 30, 2004 with renewal option
Contact: Barbara Partyka, PA-1 (570) 961-4354

SP116300002 Removal and disposal of waste sludge from the waste water treatment system operated by the Quehanna Boot Camp. Approximately 3,500 gallons of waste sludge must be removed every five weeks for disposal in accordance with Department of Environmental Protection regulations. Quantities are an current estimate and may increase upon construction of a new sewage treatment facility. Bid package may be requested via fax at 814-263-3902, or e-mail to jpackard@state.pa.us.

Department: Corrections
Location: Quehanna Boot Camp, H-C Box 32, State Route 1011, Karthaus, PA 16845
Duration: 07/01/02 - 06/30/05.
Contact: Janine E. Packard (814) 263-4125, EXT. 3235



Miscellaneous

SO-254 The State Correctional Institutions at Somerset and Laurel Highlands are seeking individuals interested in bidding on a contract for Muslim Chaplaincy Services for the Muslim inmate population at both institutions. The contract will cover a three year period and will be approximately twenty hours a week at each location. Institutions are located approximately three miles apart. Individuals interested in bidding on the contract should directly contact the institution for a bid package.

Department: Corrections
Location: State Correctional Institution at Somerset, 1590 Walters Mill Road, Somerset, PA 15510-0001
Duration: 7/1/02 through 6/30/05
Contact: Theresa Solarczyk, Purchasing Agent II (814) 443-8100 X311

RFP 99-05 "Driver and Vehicle Services Customer Care Center" - Provide information and access to Driver and Vehicle Services for Pennsylvania Department of Transportation Customers through the use of telephone, e-mail and other emerging technologies. To obtain information about this project, FAX the following information to Kathy Joy-Brosius at (717) 783-7971: Your Name, Your Company Name, Your Company Address, Phone Number, FAX Number and E-Mail Address. Please be sure to reference RFP #99-05.

Department: Transportation
Location: Pennsylvania, Harrisburg Area
Duration: 5 year contract with multiple one-year renewal options
Contact: Kathy Joy-Brosius (717) 705-4665

RFP 20011126 The PLCB is currently developing the detailed specifications for a Request For Proposal (RFP) to replace the Rapistan System with a state of the practice Material Handling System. The RFP will be issued in the near future. In the interest of providing preliminary conceptual design information and forecasted levels of volumes through the DC, we are providing such information via the PLCB web site, which can be accessed as follows: http://www.lcb.state.pa.us/Agency/Procurement/MHS_Default.asp. The PLCB Home page also has a direct link via the warehouse case icon at: <http://www.lcb.state.pa.us/>

Department: Liquor Control Board
Location: PLCB Distribution Center #1, 8201 Enterprise Ave., Philadelphia, PA
Duration: Approximately six months for the installation of the new Material Handling System and removal of the current system plus five to seven years of preventive maintenance after the warranty period.
Contact: Nelson McCormick (717) 787-9851

[Pa.B. Doc. No. 02-159. Filed for public inspection January 25, 2002, 9:00 a.m.]

DESCRIPTION OF LEGEND

- | | |
|--|---|
| <p>1 Advertising, Public Relations, Promotional Materials</p> <p>2 Agricultural Services, Livestock, Equipment, Supplies & Repairs: Farming Equipment Rental & Repair, Crop Harvesting & Dusting, Animal Feed, etc.</p> <p>3 Auctioneer Services</p> <p>4 Audio/Video, Telecommunications Services, Equipment Rental & Repair</p> <p>5 Barber/Cosmetology Services & Equipment</p> <p>6 Cartography Services</p> <p>7 Child Care</p> <p>8 Computer Related Services & Equipment Repair: Equipment Rental/Lease, Programming, Data Entry, Payroll Services, Consulting</p> <p>9 Construction & Construction Maintenance: Buildings, Highways, Roads, Asphalt Paving, Bridges, Culverts, Welding, Resurfacing, etc.</p> <p>10 Court Reporting & Stenography Services</p> <p>11 Demolition—Structural Only</p> <p>12 Drafting & Design Services</p> <p>13 Elevator Maintenance</p> <p>14 Engineering Services & Consultation: Geologic, Civil, Mechanical, Electrical, Solar & Surveying</p> <p>15 Environmental Maintenance Services: Well Drilling, Mine Reclamation, Core & Exploratory Drilling, Stream Rehabilitation Projects and Installation Services</p> <p>16 Extermination Services</p> <p>17 Financial & Insurance Consulting & Services</p> <p>18 Firefighting Services</p> <p>19 Food</p> <p>20 Fuel Related Services, Equipment & Maintenance to Include Weighing Station Equipment, Underground & Above Storage Tanks</p> <p>21 Hazardous Material Services: Abatement, Disposal, Removal, Transportation & Consultation</p> | <p>22 Heating, Ventilation, Air Conditioning, Electrical, Plumbing, Refrigeration Services, Equipment Rental & Repair</p> <p>23 Janitorial Services & Supply Rental: Interior</p> <p>24 Laboratory Services, Maintenance & Consulting</p> <p>25 Laundry/Dry Cleaning & Linen/Uniform Rental</p> <p>26 Legal Services & Consultation</p> <p>27 Lodging/Meeting Facilities</p> <p>28 Mailing Services</p> <p>29 Medical Services, Equipment Rental and Repairs & Consultation</p> <p>30 Moving Services</p> <p>31 Personnel, Temporary</p> <p>32 Photography Services (includes aerial)</p> <p>33 Property Maintenance & Renovation—Interior & Exterior: Painting, Restoration, Carpentry Services, Snow Removal, General Landscaping (Mowing, Tree Pruning & Planting, etc.)</p> <p>34 Railroad/Airline Related Services, Equipment & Repair</p> <p>35 Real Estate Services—Appraisals & Rentals</p> <p>36 Sanitation—Non-Hazardous Removal, Disposal & Transportation (Includes Chemical Toilets)</p> <p>37 Security Services & Equipment—Armed Guards, Investigative Services & Security Systems</p> <p>38 Vehicle, Heavy Equipment & Powered Machinery Services, Maintenance, Rental, Repair & Renovation (Includes ADA Improvements)</p> <p>39 Miscellaneous: This category is intended for listing all bids, announcements not applicable to the above categories</p> |
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KELLY LOGAN,
Acting Secretary

Contract Awards

The following awards have been made by the Department of General Services, Bureau of Purchases:

Requisition or Contract No.	PR Award Date or Contract Effective Date	To	In the Amount Of
0006-05	01/14/02	ICI Binding	52,299.00
2310-01 sup#1	01/14/02	Apple Chevrolet	400,000.00
2310-01 sup#1	01/14/02	Apple Honda	200,000.00
2310-01 sup#1	01/14/02	E-Town Chevy/Olds/ Pontiac	200,000.00
2310-01 sup#1	01/14/02	E-Town Dodge	200,000.00
2310-01 sup#1	01/14/02	Hetrich Fleet Services	600,000.00
2310-01 sup#1	01/14/02	Manheim Chrysler/ Plymouth/ GMC	500,000.00
2310-01 sup#1	01/14/02	Northeast Auto Outlet	400,000.00
2310-01 sup#1	01/14/02	Whiteside Chevy/Olds/ Buick/ Pontiac/ Cadillac	700,000.00

Requisition or Contract No.	PR Award Date or Contract Effective Date	To	In the Amount Of
5680-02 rip#1	01/07/02	Andrews Metal Prod- ucts	34,427.00
5680-02 rip#1	01/07/02	E A Quirin Machine Shop	15,245.00
8010-04	01/11/02	Centerline Industries	2,244,531.40
8010-04	01/11/02	Ennis Paint	3,535,005.32
8920-06 sup#1	01/07/02	Sysco Food Service	2,072,813.40
8920-06 sup#1	01/07/02	Voortman Cookies Ltd	1,036,406.70
1199221-01	01/14/02	Veitch Print- ing	25,200.00
8251490-01	01/14/02	H Barber & Sons	718,960.00

KELLY P. LOGAN,
Secretary

[Pa.B. Doc. No. 02-160. Filed for public inspection January 25, 2002, 9:00 a.m.]

RULES AND REGULATIONS

Title 28—HEALTH AND SAFETY

DEPARTMENT OF HEALTH

[28 PA. CODE CHS. 27 AND 211]

Reporting of Communicable and Noncommunicable Diseases

The Department of Health (Department) and the State Advisory Health Board (Board) adopt amendments to Chapters 27 and 211 (relating to communicable and noncommunicable diseases; and program standards for long-term care nursing facilities) to read as set forth in Annex A.

A. *Purpose and Background*

The Department's regulations relating to communicable and noncommunicable diseases in Chapter 27 were first promulgated in 1959. Since that time, there have been dramatic changes in society, technology and the environment that make revision of these regulations a necessity. Where once outbreaks of disease could be held within geographical boundaries, today, the speed of air travel and the global economy are fostering the worldwide spread of life-threatening pathogens. Persons infected in one place can be on the other side of the world by the time symptoms appear. New infectious agents are emerging which require new prevention and control techniques. New conditions are becoming recognized which benefit from early detection and treatment. Disease outbreaks continue to occur, antibiotic resistance of some diseases is spreading and previously controlled agents are in resurgence. Although more exotic diseases like Group A streptococcus (flesh eating bacteria), the hantavirus and the ebola virus receive most of the attention from the media, other infectious diseases continue to pose public health problems. For example, within the past several years there have been outbreaks of cryptosporidiosis, *E. coli* 0157:H7, *Salmonella enteritidis*, hepatitis A and shigellosis. There are strains of multidrug resistant tuberculosis, which reduces the ability to treat the disease, and in recent years there have been reports from Japan of evidence of resistance of *Staphylococcus aureus* to the drug, Vancomycin, long considered the last line of defense.

This Commonwealth is not immune from these public health threats. A few examples of threats to the public health within this Commonwealth over the past few years include a 1996-1997 outbreak of cyclospora caused by Guatemalan raspberries, ongoing *Salmonella enteritidis* outbreaks caused by, among other things, infected eggs; rabies outbreaks from 1991 to the present; a shigellosis outbreak in 1996 that spread from Ohio to Pennsylvania; multidrug resistance to tuberculosis; and the ongoing epidemic of Lyme disease. More recently, concerns relating to the possibility of bioterrorism and the Commonwealth's response have arisen. The Department has chosen to revise the regulations to ensure that the disease control and prevention needs of changing diseases and conditions, and current health care priorities are adequately addressed.

The Department, with the approval of the Board, published a proposed rulemaking at 30 Pa.B. 2715 (May 27, 2000), and provided a 30-day public comment period.

One commentator raised an issue regarding the telephone number for contacting the Department listed in the proposed rulemaking. The number did not work, and the commentator requested that the public comment period be extended for 1 week. The Department chose not to extend the comment period since the commentator did manage to contact the Department by telephone and provide written comments, and an accurate address for the submission of comments was included in the regulations.

The Department received many comments to the substance of the proposed rulemaking as well. The comments and the Department's responses to them appear in the summary of this final rulemaking.

If a section is not mentioned in the summary, no comments were received on that section, and it was adopted as proposed.

B. *Summary*

CHAPTER 27. COMMUNICABLE AND NONCOMMUNICABLE DISEASES

Subchapter A. GENERAL PROVISIONS

General Comments

Several of the general comments that the Department received involved the manner in which the Department requires reporting to be done.

Comment

These reporting requirements would require a separate system that would duplicate, and be less comprehensive and less current as a health promotion tool than the existing reporting system in place for child care centers and group homes regulated by the Department of Public Welfare (DPW), using a child health assessment form, no. CY51. This form uses a Nationally recommended routine preventive health services schedule, including vision, hearing, anemia, growth and lead, health history and physical examination findings as well as documentation of vaccinations. This form should not be duplicated or supplanted by any form or reporting requirements developed by the Department. In doing so, would lessen the effectiveness of the more comprehensive system in place in DPW licensed facilities.

Response

The Department has not changed the proposed rulemaking in response to this comment. The Department is the State agency responsible for disease control and prevention throughout this Commonwealth, and has the authority to require reporting of those diseases, infections and conditions that it, with the review and approval of the Board, determines should be reported to the Department to carry out this responsibility. See generally, the Disease Prevention and Control Law of 1955 (act) (35 P. S. §§ 521.1—521.21). DPW, as the licensing agency for certain facilities, has certain statutory responsibilities, which differ from those of the Department. The information the two agencies gather is different. The Department does not require reporting of vision, hearing, anemia and growth data through its communicable and noncommunicable disease regulations, nor of complete health histories or physical examinations, since the Department is not responsible as part of its disease prevention and control function for the healthy growth and development of each individual within a licensed facility. The Department is

responsible for the health and welfare of all the citizens of this Commonwealth. The list of reportable diseases, infections and conditions that the Department determines should be reported, the information included in those reports, and the manner in which the reporting is to be done, are driven by this broader role.

Comment

The reporting requirements are burdensome, since a reporter is first required to determine the appropriate local agency for a patient's residence, or which agency is able to intervene. Then when reporting is made to the Department, the point of submittal differs by the disease being reported. The Department should review the process and explain why this system is necessary.

Response

The Department made some changes to the regulations based on these comments.

The Department will not require, at this point, that all reports be made electronically, and to one location within the Department, given the cost and technological issues involved. The Department has added language to the regulations stating its intent to phase in electronic reporting for all reporters as it implements components of the National Electronic Disease Surveillance System (NEDSS). See § 27.4(b) (relating to reporting cases). At the time this occurs, reports will be made to one location within the Department, or to the appropriate local morbidity reporting office (LMRO).

The Department intends to begin piloting its modifications to NEDSS in several of its health districts in the fall of 2001. As the Department becomes ready to implement its electronic system for the reporting of various diseases, the Department will notify in writing all reporters who are licensed in this Commonwealth (for example, hospitals, physicians, nurses, day care centers, drug and alcohol abuse treatment facilities), and will also publish notice of this requirement in the *Pennsylvania Bulletin*. Notice will be given at least 6 months in advance of the date on which electronic reporting is to occur.

The Department is providing reporters with the electronic application to be used to make reporting electronically easier and less costly. Further, reporters who may not have access to the Internet may still make initial reports of cases by telephone. When this occurs, the Department explains to the reporter how the complete report should be made. This will continue to occur. See § 27.4(c).

Paper reports of the listed diseases, infections and conditions will continue to be made by reporters, including laboratories, to one of the LMROs, which will consist of the Department's six district offices and the ten county and municipal health departments (local health departments), until the Department notifies reporters that reports must be made electronically.

The Department is currently encouraging electronic reporting by laboratories, because having laboratories report electronically is quicker than paper reporting and makes it easier for the Bureau of Epidemiology (Bureau) to review and disseminate important information to the various Departmental public health programs (the Department's TB program for example), the district offices, and the local health departments that utilize that information for case management and other services. The Department is aware that large National and regional laboratories performing testing for many states find it burdensome to sort Commonwealth reports for transmis-

sion to different locations within this Commonwealth. If electronic reporting is done by laboratories, however, the Department is requiring that those electronic reports be made to a single location in the Department.

The Department requires laboratories to report directly to it rather than to the LMROs because many of the laboratory's reports could be reports of repeat testing. Patients may also visit more than one provider and be tested multiple times. The laboratory has no way of knowing whether a test is the initial test a provider orders on a patient or a repeat test, or a repeat test ordered by a second provider. The Department, in the Bureau, is able, with software it possesses, to electronically match information in those reports with information from reports it already received and placed in its State-wide reporting databases. The Department can then identify multiple reports on the same individual and consolidate unduplicated useful information in one case record. Local health departments and the Department's district offices do not have this capability at the present time.

The Department is requiring all reports other than electronic laboratory reports to be made to LMROs for several reasons. For local health departments and the Department to provide follow-up services and information, the local health department or district office should have a relationship with the practitioner-reporter. This required contact by the reporter will enable the reporter to begin that relationship. From the standpoint of efficiency, the requirement will provide the information to enable and expedite case tracking and other services directly to the local health departments and Department staff that do the actual case investigation, follow-up, counseling, referral and partner notification.

Further, to require that all paper reports go to one office within the Department would be burdensome for that office, and would take too long to sort and redirect. Certain reports are time sensitive, for example, reports of diseases of the newborn. A child with maple syrup urine disease (MSUD) must be identified and treatment begun within 7 days of birth or serious impairment to or death of the child will occur. For this reason, the regulation requires those reports to be sent directly to the specific office within the Department with responsibility for managing that disease, infection or condition.

With respect to issues involving the requirement of multiple reporters, the Department requires reporting from all different types of reporters, including practitioners, facilities, laboratories, other providers and the public for several reasons. The Department does not want possible reporters to self-censor, based on their assumption that another person will make the report. That could lead to under-reporting, and jeopardize the ability of the public health system to positively impact the health of infected individuals and their contacts. If the Department and local health departments are unaware of cases, they will be unable to offer or provide follow-up, including counseling and referral information, and perform case investigation.

The Department also receives different information from different reporters. For example, a report by a laboratory is a confirmatory report of a disease or condition diagnosed by a health care practitioner. From heads of institutions the Department will receive information that is neither a diagnosis nor a confirmed report, but a suspicion that may help to identify a disease outbreak. The monitoring of the disease in the patient is dependent on receiving information from a practitioner as well as a

laboratory, as is the monitoring of the disease in the population as a whole. Information relating to opportunistic infections, referrals, mode of transmission and treatment are not shared by a practitioner with the laboratory, and, therefore, the Department would not be able to obtain this type of specific information from laboratories if laboratories alone were to report. A provider would not release this type of information to a laboratory because of its confidential nature. A laboratory does not need to be aware of the mode of transmission of a disease or types of referrals made for the individual to perform its licensed function—conducting laboratory tests of specimens.

The more specific the information received by the Department from all reporters, the more likely it is that the Department will be able to match information obtained from other sources, sometimes incomplete, and obtain complete information on each reported case. The more complete the demographic picture of the individual whose results are being reported, the easier it is for the Department to track the disease in this Commonwealth for purposes of implementing prevention measures, including targeting funding to affected populations. Further, the more complete the information on a specific individual the Department obtains, the easier it becomes for the Department and local health departments to provide follow-up services to that individual. For example, with a case of infectious tuberculosis, the Department will provide treatment, including directly observed therapy, to ensure that the case is cured, and will also locate and test and treat contacts as necessary. In the case of sexually transmitted diseases, the Department and local departments locate and offer counseling and testing services to partners of individuals who test positive.

Section 27.1. Definitions.

This section explains the terms used in Chapter 27.

The Department has revised the proposed definition of “LMRO—local morbidity reporting office” to match the language proposed for this term at 31 Pa.B. 2126 (April 21, 2001). The Department believes that the offices receiving reports should be limited to those local health authorities with the greatest experience in this area. These include only the Department’s six district offices and the ten local health departments.

Comment

There are many different definitions of the term “child” used in this Commonwealth. The Department should explain why it has defined “child” as a person 15 years of age or younger.

Response

The Department took its definition of “child” from the definition of “child” used by DPW in its definition relating to day care (see 55 Pa. Code Chapters 3270—3290). The Department has since been informed by the DPW that DPW’s definition of “child” may change during the revision of DPW’s regulations on these topics. The Department has, therefore, reviewed its definition, and has determined that it would be more appropriate in the context of these regulations to define a child as a person under 18 years of age. When the regulatory context requires a different age limit, for example, in the area of newborn screening, the language of the regulation will reflect that fact.

Comment

The definition of “child care group setting” properly encompasses all types of group care in this Commonwealth, since group care among young children increases

their exposure to and risk of contracting a communicable disease. By defining this term broadly, the Department has appropriately addressed that risk. However, the definition should be adjusted to account for the practical limitations of checking vaccination status in settings where group care is transient and infrequent, for example, in day care provided during church services, court proceedings, in shopping malls and other temporary settings. The Department should modify the regulations to apply where four or more children unrelated to the operator receive care for 10 or more hours in any week, or for 40 or more hours in any month.

Response

The Department has not changed the definition. It was not the Department’s intention to capture all the types of care settings discussed by the commentator through its regulations relating to immunization in child care group settings. The Department has included in § 27.77 (relating to immunization requirements for children in child care group settings) a provision which states that a caregiver who does not serve as a caregiver for at least 40 hours in at least 1 month is not covered by the regulation. See § 27.77(d)(iii).

Comment

The definition of “communicable disease” is broad. Does this mean that if a disease is not listed in the regulations, it will not be regulated? Can a facility determine its own procedures for control of a nonlisted disease?

Response

The definition of “communicable disease” is intended to be broad; the definition is taken from the act, which defines the term broadly. The Department has revised the definition to clarify it, and to make it clear that it is not the act of transmission that makes the disease communicable, but that fact that it is capable of being transmitted to a susceptible host.

If the disease is not listed in the regulations as a reportable disease (defined by the act as any communicable disease made reportable by regulation), it still comes under the act and regulation if there is an outbreak of that disease. A nonlisted disease becomes reportable if an outbreak of that disease occurs. “Outbreak” is defined as “any unusual increase in the number of cases of a disease, infection or condition, whether reportable or not as a single case, above the number of cases that a person required to report would expect to see in a particular geographic area or among a subset of persons (defined by a specific demographic or other features).” See § 27.1 (relating to definitions).

With respect to the question concerning control procedures for a nonlisted disease, if there is not an outbreak of the nonlisted disease, the Department will most likely not be involved in the matter (unless requested to do so by the facility). If an outbreak is reported, the Department will be involved in the investigation, and will provide recommendations regarding disease control and prevention.

Comment

The definition of “health care facility” is not clear. It contains a provision excluding an office used primarily for the private practice of a health care provider where no clinically related health care service is offered. The Department should add a definition of “clinically related health care service” to clarify the definition.

Response

The Department's intention was to use the definition of "health care facility" from the Health Care Facilities Act (35 P. S. §§ 448.101—448.904b). It has revised the definition to reflect the definition applicable to Chapter 8 of that statute (35 P. S. §§ 448.801—448.821) (relating to licensure of health care facilities). The phrase, "clinically related health care services," was in the definition of "health care facility" used in the certificate of need provisions in Chapter 7 of that statute (35 P. S. §§ 448.701—448.712), which sunset in December of 1996. The Department has deleted that phrase from the definition in this section, and has revised the definition to reflect the language in Chapter 8 of the Health Care Facilities Act. The Department has expanded that definition to include drug and alcohol abuse treatment facilities as health care facilities for the purposes of these regulations. The client population in drug and alcohol abuse treatment facilities is particularly susceptible to certain communicable diseases, for example, tuberculosis. The need to control the spread of disease in this population is acute.

Comment

The definition of "local health authority" does not include a sanitary board. Unless sanitary boards fall under some other definition, they should be included here.

Response

The Department agrees, and has added language to the definition of "local health authority" to include sanitary boards.

Comment

The Department should add language to the definition of "local health department" stating that the Department will revise the list when a local health department is closed, as well as when one is established. This language should then be moved to § 27.4 (relating to reporting cases), since the provision is a substantive one.

Response

The Department agrees that its list of local health departments should be revised when local health departments are closed, as well as when they are established. The Department is removing the language from the regulation altogether, however, as the Department's intention to maintain this list need not be included in the regulations. The Department will maintain a list of local health departments and will update the list when any change occurs.

Comment

The definitions of "modified quarantine," "segregation" and "surveillance of contacts" appear in two places in the regulations. They are repeated at 30 Pa.B. 2730 and 2731.

Response

The definitions of these terms were not repeated. They were bracketed at 30 Pa.B. 2730 to identify language that the Department was proposing to remove from the definition of "quarantine," which had included definitions for all three terms. The Department has revised the definition of "quarantine" to remove definitions for "segregation," "modified quarantine" and "surveillance." The Department has separately defined "segregation" and "modified quarantine," and has added a definition for "surveillance of disease." These changes are made because of the importance of each term in performing disease control.

Comment

The term "surveillance" has two different meanings. One meaning appears in the context of surveillance of disease, the other in the context of surveillance of contacts. The Department should change the term "surveillance of contacts" to "monitoring of contacts" to take these differences into account.

Response

The Department agrees and has amended this section accordingly.

Comments

The definition of "health care practitioner" as written will include first responders, emergency medical technicians, prehospital registered nurses and paramedics. The training provided to these individuals will not necessarily prepare them to diagnose the diseases listed in the regulations. There will need to be a revision to training requirements to allow them to do this. Since patients are taken to hospitals, staff in emergency rooms will handle this reporting more appropriately. The Department should exempt persons identified in the Emergency Medical Services Act (35 P. S. §§ 6921—6938) from being required to report, or should provide immunity from the reporting requirements.

What does the Department expect in reports from laypersons? Can reports be based on symptoms and suspicions, rather than identification?

Response

Neither the act nor the regulations condition reporting solely based on diagnosis of disease. It is not the Department's intention to require layperson, or health care practitioners who are not trained or permitted by the scope of their practice, to make diagnoses. The act requires that knowledge or suspicion of a disease be reported. See 35 P. S. § 521.4 (relating to reports). If a first responder, emergency medical technician, prehospital registered nurse or paramedic has reason to believe, through symptoms or for other reasons, that an individual has a reportable disease or condition, those individuals are required to report. A report from a layperson could include that person's observations of the physical state of the individual, or could be a relating of the person's concerns that the individual is exhibiting something unusual that should be reported to the Department. The Department will then ask the layperson questions designed to elicit information which will allow the Department to make a determination of what further action is necessary, if any.

As previously discussed, the Department intentionally drafted these regulations to require reporting from as many types of individuals as possible, even when reporting could be duplicative.

Comment

Does a certified nurse's aide (CNA) have to report communicable diseases?

Response

A CNA is required to report the listed diseases, infections and conditions to the same extent that any member of the public is required to report.

Comment

The Department should define the terms "pupil," "school," "school employee" and "child care provider."

Response

The Department has replaced the term "pupil" with the term "child" or "children" throughout Chapter 27. Child is defined in the regulations. The Department has been unable to locate the terms "school employee" or "child care provider" in the regulations. The Department has not defined the term "school" since this is a term used throughout the Public School Code of 1949 (24 P.S. §§ 1-101—26-2606-B), and the regulations promulgated under that statute by both the Department (see Chapter 23 (relating to school health)) and the Department of Education (see 22 Pa. Code (relating to education)).

Comment

The Department should simplify the definition of "outbreak." An outbreak should be defined as the excess of the expected incidence of disease within a particular geographic area or population in a specified time period. This definition comes from the *Epidemiological Handbook* published by the Association of Professionals in Infection Control and Epidemiology (APIC).

Response

The Department disagrees with this comment. The definition of "outbreak" used by the Department in its regulations is the definition of the American Public Health Association (APHA) and is a more universally accepted definition for this term. The Department has not changed the definition.

Comment

The definitions of "communicable disease," "isolation," "local health officer," "quarantine" and "reportable disease" differ from the definitions of these terms included in the act. The Department must explain why these definitions have been changed.

Response

The Department has not changed its regulation in response to this comment. Since the statute was enacted in 1955, the meanings of these terms have been refined by public health practice. The Department has updated the language used in the statute, to clarify the meaning of these terms, but has not substantively changed them.

Comments

The definition of the term "isolation" should be clarified since it appears that the language could be interpreted to require isolation of any patient or resident with a communicable disease.

The Department should include the factors and situations used in determining whether the patient, resident or animal should be separated, and what degree of separation is required. This should be done in § 27.61 (relating to isolation) and not in the definition of the term "isolation" in this section.

Response

The Department has not changed the proposed definition of "isolation." The purpose of § 27.61 is to enable the Department or a local health authority to isolate a patient or resident with a communicable disease, depending upon the circumstances of the case. Whether isolation will occur, and what form it will take depends on the nature of the diagnosed disease, the characteristics of the individual (including how the individual is complying with disease control requirements), and the type of facilities available. However, a general determination of what control measures are necessary, not just decisions of how isolation would be effected, is based upon these

considerations. Therefore, the Department has changed the language of § 27.60 (relating to disease control measures) to include the relevant considerations, rather than § 27.61, which relates specifically to isolation.

Section 27.3. Reporting outbreaks and unusual diseases, infections and conditions.

This section requires the reporting of outbreaks of disease, and the incidence of any unusual disease, infection or condition by any person who suspects a public health emergency.

Comment

Is reporting of an unusual disease, infection or condition required when it is suspected or when there is a microbiological or other test, such as sputum smear, confirming the presence of the disease or infection? The Department should provide specific instructions with respect to reporting these matters.

Response

The Department has not changed the proposed rule-making. This section specifically requires reporting of an unusual disease, infection or condition whenever a person suspects a public health emergency. The existence of a confirmatory laboratory report or other test is not required. This section is intended to reach anyone who may suspect that a public health emergency is occurring, regardless of whether that person has access to confirmatory test results. The instructions on how to report are included in § 27.4.

Section 27.4. Reporting cases.

This section explains generally how and where reporting of diseases is to occur.

Comment

Will the Department provide health care facilities and health care practitioners with a list of address or phone number changes if there is a move of the locations to which diseases and conditions are to be reported? Will the Department notify individuals of the changes?

Response

The Department will provide a list of addresses and telephone numbers for the LMROs and the specific Department offices to which certain specified diseases are to be reported. The Department will publish this list in the *Pennsylvania Bulletin*, and update it when it becomes necessary. The Department will also provide the list upon request.

Subsection (d), proposed as subsection (b), does contain the official names of the offices in the Department to which reports may be made. Individual regulations relating to specific diseases, infections or conditions specify to which of these offices the report is to be made. Although the names of the specific offices may change, the Department address, P. O. Box 90, Harrisburg, PA, will not.

Comment

Subsection (a) requires health care facilities and health care providers to report cases to the local health authority where the individual resides. It is easier to report to the local health authority where the practitioner or facility is, rather than to determine to which local health authority to report. The local health authority then determines where to report. This is currently being done.

Response

The Department agrees, and has changed the regulation as recommended.

For clarification, subsection (a) refers to LMROs, and not local health authorities. An LMRO includes county/municipal health departments and the Department's six district offices, excluding all other local health authorities.

Comment

Clinical laboratories reporting electronically should be sending all reports, except cancer reports, to a central location. Proposed subsection (b)(2)—(7) which requires reporting to specified offices within the Department, should be deleted.

Response

The Department has made some changes to the proposed rulemaking in response to this comment. The changes go beyond what type of reporting is required by laboratories, since this section addresses reporting of all reporters. Cases of cancer, AIDS, PKU, MSUD, hypothyroidism, sickle cell hemoglobinopathies and lead poisoning will still be reported to the particular office designated in the sections relating to reporting those matters. See, for example, § 27.33 (reporting cases of cancer). If and when the Department becomes ready to integrate reporting of these diseases, infections and conditions into its electronic disease surveillance system, the Department will publish notice of that fact 6 months before the change in reporting is to occur. Until that time, reports of these diseases infections and conditions will continue to be made to specific offices within the Department. The remainder of the reportable diseases, infections and conditions listed in Subchapter B (relating to reporting of diseases, infectious and conditions) will, however, either be reported to the LMRO where the case is diagnosed or identified, in the case of paper reports; or to the Division of Infectious Disease Epidemiology, in the case of electronic reporting by laboratories. The Department has therefore deleted proposed subsection (b)(3)—(5) in what is now subsection (d).

Comment

Proposed subsection (c) requires reporting to be done using the appropriate case format. The Department should explain what the case format is.

Response

Proposed subsection (c) is adopted as subsection (e). The Department, as part of a National effort, is developing a web-based disease reporting system with a generic report format that will capture disease specific information. However, providers will still be able to make initial reports by telephone if their financial considerations or lack of state-of-the-art reporting equipment so dictates. The Department provides paper case report cards to reporters. These cards, when returned to the Department, provide basic information regarding the case, and enable the Department to begin its case investigation.

Section 27.5a. Confidentiality of case reports.

This section states the general rule that all information gathered by the Department and local health departments under the act is confidential and will not be released, and also states the limited exceptions to that rule.

The Department received no comments on this section, but has added language to clarify that only those employees of the Department and local health departments who have a legitimate reason to view the information may do so.

Section 27.6. Disciplinary consequences for violating reporting responsibilities.

This section states that a licensed facility or practitioner who fails to comply with the regulations may be referred to the appropriate licensure board for disciplinary action.

Comments

The Department has no legislative authority to threaten that disciplinary action might be taken against a practitioner's license as a result of the practitioner's failure to report in any particular instance. The provision should be deleted.

The Department should modify its regulations to state that only a willful violation of the regulations or a demonstrated pattern of noncompliance will be reported to the appropriate disciplinary board, since the reporting requirements are complex.

Response

The Department has not changed the proposed rulemaking in response to these comments. The Department does not need specific legislative authority to refer a failure to comply with the law of the Commonwealth to a disciplinary board or licensing agency. The decision to take action is up to the disciplinary board or licensing agency. Further, these reporting requirements, with very little change, have been in place since 1955. The Department has written the regulation to apprise practitioners that the Department has the discretion to refer a practitioner's failure to satisfy reporting responsibilities to the appropriate licensure or disciplinary board. The Department's decision to do so would be based on all the circumstances involved in the case, including the nature of the violation, and whether it is part of a demonstrated pattern of noncompliance.

Comment

The language in the regulation that refers to disciplinary consequences against a physician who fails to report is troublesome. There is not sufficient detail in the regulations to understand under what circumstances disciplinary consequences would occur, whether there is an appeal process and what actions would be taken against physicians. If the Department wishes to increase reporting, it should establish a simple process for doing so that is available 24 hours-a-day, 7 days-a-week.

Response

As already stated, the regulations state that a physician's failure to report may be referred to the appropriate licensing board. That board, if it found sufficient reason to take action, would provide the necessary due process requirements. The Department itself cannot take disciplinary action against a physician. The Department does, however, have the authority under the act to institute a prosecution to fine someone who fails to comply with the act.

With respect to the comment regarding a continuous reporting system, the Department currently maintains on-call staff to respond as quickly as possible, 24 hours-a-day, 7 days-a-week, to reports of those diseases and infections that require immediate intervention. The Department's electronic reporting system will allow for 24-hour reporting of all diseases, infections and conditions even though the regulations do not require 24 hour reporting for all diseases, infections and conditions.

Comment

There should be a more aggressive educational approach toward improved physician reporting of diseases.

Disciplinary action should not be taken against practitioners for failure to report. Subsection (c) should be deleted.

Response

The Department has not changed the proposed regulation in response to this comment. While the Department agrees that education is necessary, and is pleased with the commentator's willingness to aid in this undertaking, the Department believes it is important to underscore the necessity of prompt and complete reporting for every reportable disease and condition. Subsection (c) states that the Department may refer a practitioner's failure to report to the appropriate disciplinary board for action; it is not the Department's intention to do so unless the action is repeated and flagrant. It is up to the licensing boards, of course, to investigate and determine whether disciplinary action is necessary under the terms of the relevant statutes, for example, the Medical Practice Act of 1985 (63 P.S. §§ 422.1—422.45) and the regulations promulgated thereunder.

Comment

This section does not contain disciplinary consequences for child care group settings.

Response

The Department agrees that language relating to child care group settings parallel to that for other licensed facilities and practitioners should be included in the regulation. The Department has added that language stating that the Department may refer the child care group setting to the appropriate licensing agency for appropriate action. The decision to take action would then be up to that licensing agency.

Comment

Will there be an expected order of reporting, so that one person reports first, another reports second, and so on? If one report is filed, does every other person connected with that case have to file a report? Who is required to file what reports?

Response

Who is required to report what is clearly set out in the Department's regulations. The reporting responsibilities in the Department's regulations are categorized by the type of person or entity that is required to report them. For example, § 27.22 (relating to reporting of cases by clinical laboratories) lists the diseases, infections and conditions clinical laboratories are required to report. Section 27.21a (relating to reporting of cases by health care practitioners and health care facilities) lists the diseases, infections and conditions health care practitioners and facilities are required to report.

The Department has already addressed why multiple reports of the same case are required when multiple persons have knowledge of the case.

Comment

Do reporting practitioners have to communicate to other involved health care practitioners that a report has been made? Do reporting practitioners have to report the findings in a timely manner to other health care practitioners that need to know the information?

Response

The Department's regulations do not require reporting to any entity other than the Department or an LMRO.

Comment

A clinical laboratory must rely upon information provided by other individuals to comply with the regulations.

Information that is not provided to the laboratory when solicited will result in a failure to comply with the regulations. The Department should add the following language "unless due to circumstances beyond the control of the clinical laboratory," to the end of subsection (a).

Response

The Department agrees that the clinical laboratory should not be responsible in situations when the solicited information is not forthcoming. The Department has added the recommended language to subsection (a).

Section 27.7. Cooperation between clinical laboratories and persons who order laboratory tests.

This section requires laboratories to give a person requesting a laboratory test a form on which information necessary for the laboratory to complete a case report can be provided to the laboratory. The section also requires the person ordering the test to provide the laboratory with the information solicited by the form that the person ordering the test currently has or may readily obtain at the time the test is ordered.

Comment

The Department should clarify who "the person requesting the test" is. Is there a difference between the person ordering the test, and the person requesting the test. The Department should use one term or the other. In a long term care setting, the person who orders the test is the doctor, however, a nurse fills out the requisition for the test.

Response

Nurses as well as doctors have reporting responsibilities under the act and these regulations. This section, however, does not focus on reporting responsibilities, but, rather, states requirements for what information should be included with the order for the test. The person ordering the test must provide the necessary information to the laboratory so that it, in turn, can fulfill its reporting responsibilities to the Department. If, to do this, the staff of the facility or office must provide information, or fill out the form, then they should do so. It is, however, the responsibility of the person ordering the test to ensure the necessary information is present. In the example presented by the commentator, this would be the doctor who orders the test, not the nurse or other person who prepares the form requesting the test. The Department has changed the regulation to clarify this.

Comment

If the laboratory is to provide the appropriate laboratory requisition slips, who is responsible for obtaining them? In a long-term care setting, the long-term care provider contracts with a laboratory for services and has no control over the laboratory. Frequently results are delayed in reporting and real and potential problems in communications exist between the laboratory and the long-term care provider. The regulations should take these concerns into account.

Response

The Department has not changed the proposed regulation in response to this comment. The question of who is responsible for obtaining laboratory slips and communications between a laboratory and a health care practitioner should pose no problems in reporting. The health care practitioner or facility required to report is to do so as soon as there is a clinical determination that a reportable disease, infection or condition exists. There is no need to wait for laboratory confirmation of the disease, infection or condition.

Section 27.8. Criminal penalties for violating the act or this chapter.

This section reiterates the penalties for violation of the act and regulations included in sections 19 and 20 of the act (35 P. S. §§ 521.19 and 521.20).

Comment

This section includes penalties for persons with tuberculosis and other communicable diseases who fail to comply with the act and regulations. These penalties will not serve as a deterrent against leaving facilities, particularly if a person is destitute or homeless. This section is not enforceable, or in the best interests of quality care. A hospital cannot detain these people, and local law enforcement will not take any action.

Further, it is unclear whether these incidents should be brought to the attention of the State or a local health department. The Department should provide guidance about what is to be done when a person leaves a facility against advice.

Response

The Department has not changed the proposed regulation to address this comment. This section reiterates penalties for violations of the act and regulations that are contained in sections 19 and 20 of the act. The Secretary of Health is given broad powers to enforce the law and these regulations, particularly the law and regulations relating to quarantine:

He may issue warrants to any sheriff, constable or policeman to apprehend and arrest such persons who disobey the quarantine orders or regulations of the department of health. Every warrant shall be forthwith executed by the officer to whom directed, who shall make due return of the execution thereof to the [Secretary]. (71 P. S. § 1402).

Although the Department has not in recent history sought imposition of these statutory penalties, and agrees that illness should not be criminalized, it has used the threat of penalties to obtain cooperation from individuals who have been and could continue to be noncompliant with treatment and control measures. This has been done with the cooperation of law enforcement officials, who are required, by law as discussed previously, to cooperate with the Secretary in these matters.

It is not the Department's intention to make the facility responsible for detaining a patient. It is the Department or local health department that is responsible for ensuring patient compliance. If the facility is within the geographic area over which a local health department has jurisdiction, it should call that local health department regarding these incidents. The facility, when in doubt, may always call the Department, which can determine where jurisdiction lies. Intervention by the departments after notification at the earliest possible time of all suspected and confirmed cases of tuberculosis will provide the departments the opportunity to take necessary action, including petitioning courts for aid, if necessary, to detain noncompliant patients. The act gives the Department, or, depending upon the location of the patient, the local health department, the authority to take action when a patient refuses to be tested for a communicable disease, or is noncompliant with the orders of the Department or local health departments regarding the treatment and control of that disease. See sections 7 and 11 of the act (35 P. S. §§ 521.7 and 521.11). When an individual agrees to treatment at a particular facility, or is court-ordered to treatment in a particular facility recommended by the

Department, the Department pays the facility according to contracts it has with that facility. The Department has, on occasion, provided funds for security to enforce the quarantine.

Comment

There is concern about the extended period of time acute care hospitals are used essentially to house tuberculosis patients that require isolation or are noncompliant. The payer may determine that this is not medically necessary, so that hospitals are not getting reimbursed at the level needed to care for these patients. The Department should develop alternative placement arrangements for patients who no longer require hospital services. The Department should also address reimbursement issues with governmental and commercial payers.

Response

As stated previously, with respect to individuals with whom the Department is involved, the Department contracts with facilities for the provision of care at a rate agreed upon in the contract. The Department relies upon its contracted tuberculosis consultant physicians to advise upon the time limitations of the quarantine. Any hospital that does not wish to provide these services need not enter into a contract with the Department. If hospitals are unhappy about third-party reimbursement rates, for example, Medical Assistance rates, hospitals must address those issues with the responsible agencies, not the Department. These regulations are not an appropriate venue for those conversations. If a hospital has an issue with anything done by a local health department with respect to tuberculosis, the issue should be addressed with that health department.

Comment

The Department must believe that there is considerable lack of compliance to justify criminal penalties. The regulations must be very specific concerning who is to take what action and how the action is to occur, since failure results in criminal penalties.

Response

The Department has not changed the proposed rulemaking to address this comment. The referenced penalties are all taken from the act. The requirements for reporting are carefully defined in the act and regulations. Since most of these requirements have existed for 50 years, compliance should not be difficult. The Department is currently considering how to provide educational sessions for persons who believe a "refresher" course in reporting would be useful.

Section 27.9. Authorized departures from the regulations.

The proposed section stated that the Department could decide against enforcing a provision of the regulations when it determines, with the agreement of the Board, that the provision is outdated, and that waiving the provision would be necessary to protect the health of the people of this Commonwealth.

Comment

The Department can only amend regulations by promulgating new rulemaking. The Department should add language to state that if the Board affirms, the Department will amend the regulations, or should explain its statutory authority for amending regulations without going through the regulatory process.

Response

The Department has not adopted the proposed section. The provision was not intended to allow the Department

to amend its regulations without rulemaking. The Department was only announcing its intention to, upon the approval of the Board, cease enforcing certain regulations that are not parallel to a statutory requirement, when those regulations are outdated.

Comments

How does the Department intend to communicate in a timely fashion that it has decided upon an exception?

The regulations do not address the question of what would occur if the Board affirmed or rejected the exception.

The Department removed language similar to this from other parts of the regulations. Did it intend to retain the language regarding exceptions in this section? How is it permissible to grant an exception without regulatory action?

Response

Because the Department has chosen not to adopt the proposed section, there is no need to respond to these comments.

Comment

The Department should consider incorporating the Morbidity and Mortality Weekly Report (MMWR), which would be a viable alternative toward authorizing an exception, if a regulation becomes outdated. Guidelines for documents that can be incorporated by reference are found in 45 P. S. § 727 (relating to matter not required to be published) and 1 Pa. Code § 3.41 (relating to matter not required to be published).

Response

The Department does consider the MMWRs relating to disease prevention and control, as well as other guidelines and recommendations from the Centers for Disease Control and Prevention (CDC) and its Council of State and Territorial Epidemiologists in making decisions concerning what diseases, infections and conditions to add to the list of reportable diseases. The Department is not, however, required by any entity to accept these recommendations and guidelines in their entirety. It is up to the Department, with the approval of the Board, to determine when and how to add diseases, infections and conditions to the list. See 35 P. S. § 521.16(a) and 71 P. S. § 536(a) with respect to the Department's authority to issue rules and regulations on communicable and non-communicable diseases, declare diseases to be communicable, and to establish regulations for the prevention and control of disease. These decisions must be made on a state-by-state basis, since they depend upon the different populations of the state and their needs, and other characteristics of each state.

Subchapter B. REPORTING OF DISEASES, INFECTIONS AND CONDITIONS

Section 27.21. Reporting of AIDS cases by physicians and hospitals.

This section states the requirements for physicians and hospitals reporting AIDS.

Comment

The Department erred in deleting requirements from its regulations that both hospitals and physicians report cases of AIDS. To only require reporting by physicians could lead to underreporting of AIDS cases.

Response

The Department agrees that both hospitals and physicians should report cases of AIDS. The deletion of the

requirement relating to hospitals was inadvertent. The section has been revised accordingly.

Section 27.21a. Reporting of cases by health care practitioners and health care facilities.

This section lists the diseases, infections and conditions reportable by health care practitioners and health care facilities. This section also provides the time frames in which the disease, infection or condition must be reported.

The Department has made some minor changes to the list from the proposed rulemaking for the sake of accuracy. The Department has changed the term "Legionnaire's disease" to the more technically accurate "Legionellosis." The Department has also deleted yellow fever from the regulations since yellow fever is an arbovirus, and there is no need to list it separately.

Comment

Under subsection (b)(1) (now subsection (a)(1)), a health care practitioner or a health care facility is not required to report if that health care facility or practitioner has already reported the case. The Department should clarify that a health care facility is also not required to report if its laboratory has reported previously. Currently, hospitals are not reporting if their laboratories are reporting. If the Department does not agree to this change, it should explain why duplicate reports are necessary, and how the benefits of this reporting outweigh the costs.

Response

The Department has not changed the proposed rulemaking in response to this comment. Reporting by practitioners and facilities as well as laboratories, what is referred to as the "dual pathway" of reporting, is not unique to this Commonwealth. It is the National standard for ensuring completeness of reports. Ideally, the practitioner or facility should make the initial case report. Historically, however, there has been significant noncompliance. Through the identification of practitioners and facilities in laboratory reports, the Department is able to contact practitioners and facilities and obtain from them a completed case report on a particular patient whose test result has been reported to the Department by a laboratory but for whom no report has been made by the provider. This approach is consistent with the CDC protocols and with protocols in other states. A more detailed explanation of why reporting from all possible reporting entities is necessary for a successful disease prevention and control program has been provided in the Department's response to general comments concerning reporting.

Comment

The Department's need for potentially overlapping information from facilities, practitioner, clinical laboratories and persons in charge of group facilities is unclear.

Response

The Department has not changed the proposed regulation in response to this comment. The Department is seeking overlapping information from providers, facilities and the public, to ensure that it obtains the widest variety and amount of information possible. The need for all relevant and available information, and the manner in which the Department resolves duplicate reports, has been discussed.

Comment

Does this section supersede § 211.1 (relating to reportable diseases in long-term care nursing facilities)?

Response

Section 211.1 is based on the requirements of this chapter. By this rulemaking, the Department is also amending § 211.1 to state that reportable diseases, infections and conditions are those diseases, infections and conditions listed in this section. The reporting requirements in § 211.1 do not eliminate the reporting requirements for a health care facility under Chapter 27.

Comment

The Department should move the following diseases from subsection (a)(2) (now subsection (b)(2)) which contains a listing of all diseases infections and conditions to be reported within 5 days, to subsection (a)(1) (now subsection (b)(1)) which contains a list of all diseases infections and conditions to be reported within 24 hours: animal bite, anthrax, arbovirus disease, enterohemorrhagic *E. coli* and legionellosis. With these diseases and conditions, action must be taken to prevent serious consequences to the individual within a shorter time frame than 5 days. With respect to anthrax, since there is the possibility of a bioterrorist attack using this disease as a weapon, it should be reported within a shorter time frame than 5 days.

Response

The Department agrees with the comments, and has moved these diseases and conditions from the list requiring reporting within 5 days to the list requiring reporting within 24 hours. See subsection (b)(1) and (2).

Comment

The Department should add the following diseases to the list of diseases that must be reported within 5 days: Creutzfeldt-Jakob disease; streptococcus pneumoniae drug resistant invasive disease; and staphylococcus aureus, Vancomycin-resistant (or intermediate) invasive disease.

This comment also applies to § 27.22 (relating to reporting of cases by clinical laboratories).

Response

The Department agrees with the comment, and has added these diseases to the list of diseases that must be reported within 5 days. See subsection (b)(2). That action is consistent with National reporting standards recommended by the CDC.

The Department has made similar revisions to § 27.22(b).

Comment

There is a concern that this section would require emergency management technicians (EMTs) to report cancer. While this would not include patients already diagnosed, it could be confusing to EMTs who do not know the complete history of the patient. Further, EMTs cannot diagnose cancer.

Response

It was not the Department's intention to require health care practitioners to perform diagnoses who cannot, within the scope of their licensure or training, diagnose diseases, infections or conditions. The diseases, infections and conditions listed in subsection (b), (proposed as subsection (a)), are only to be reported in accordance with subsection (a), (proposed as subsection (b)), and the remainder of the chapter. Cancer, which only certain specified health care practitioners and facilities are required to report (see § 27.31 (related to reporting cases of cancer)), would not be reportable by EMTs. Because this section has generated some confusion among commenta-

tors, the Department has rearranged subsections (a) and (b), and added language to clarify that if there are specific requirements in other sections for the reporting of certain diseases, those provisions must be read in addition to this section.

Further, the Department has added language to subsection (d) to clarify that health care practitioners as well as health care facilities are to look to § 27.31 (relating to reporting cases of cancer) to determine how to report cancer cases. The Department has also attempted to provide additional clarity by adding subsection (a)(4), as well as similar language to § 27.31(a) and (b), which states that only those facilities and practitioners actually providing services relating to the individual's cancer are required to report the case as a cancer case.

The Department has also revised the language in this section that requires reporting of identified diseases, infections and conditions to clarify the meaning of the word "identify." A disease, infection or condition is reportable when it has been identified by symptoms, appearance of the individual or diagnosis. Consequently, a diagnosis is not needed to trigger a duty to report.

Comment

While *Haemophilus influenzae* should be reportable within 24 hours, the Department should delete the reference to "type B invasive disease" from the list of reportable matters. Many clinical laboratories do not conduct serotyping, and laboratories that do conduct serotyping may not have results for several days. Since action may need to be taken sooner than it would take the laboratory to conduct the serotyping, the Department should make *Haemophilus influenzae* reportable within 24 hours. This comment pertains to § 27.22(b)(1) as well.

Response

The Department agrees with this comment, and is deleting "type B" from the reference to *Haemophilus influenzae* in subsection (b), (proposed as subsection (a)).

Comment

All types of hepatitis should be reported, and should be reportable within 5 days of identification of the disease.

Response

The Department agrees that all forms of hepatitis should be reportable, and has revised the regulations to make hepatitis reportable within 5 days of the identification of the disease. The Department has divided reportable diseases into two categories, those reportable within 24 hours, and those reportable within 5 days, to eliminate some burden from those entities required to report. Only those diseases that need quick public health intervention are required to be reported within a 24-hour period. The Department agrees that hepatitis does not need to be reported within that time frame due to the manner of its transmission.

Comment

The regulation should require the reporting of chronic cases of hepatitis C as well as acute cases. More extensive reporting of hepatitis C cases is necessary so that reportable and inclusive data can be used to make an accurate assessment of the public health threat of hepatitis C to citizens of this Commonwealth. This issue should not be allowed to languish through a long regulatory process. This same comment is applicable to §§ 27.22 and 27.43a (relating to reporting of cases by clinical laboratories; and reporting by LMRO of outbreaks and selected diseases).

Response

The Department has added language to the regulation to clarify that it is requiring the reporting of all cases of hepatitis C, chronic as well as acute. The Department looks at all reported cases of hepatitis C to resolve whether an individual is an acute or chronic case. It makes this assessment by determining whether the individual also has clinical symptoms. An individual who has both a positive laboratory serology and presents with clinical symptoms is an acute case. An individual whose laboratory tests show that he is positive for hepatitis C, but who has no clinical symptoms, is a chronic case. Since an intervention message can be life-saving for persons with chronic hepatitis C, information regarding the need to practice safe sex and to get vaccinated for hepatitis A and B as well as other information relating to the disease will be given by the Department to each individual reported with hepatitis C.

Comment

The Department should delete hepatitis, viral, including type A and type E, from proposed subsection (a)(1) (now subsection (b)(1)) which requires reporting within 24 hours. All other types of hepatitis are reportable within 5 days. References to type G should be deleted from the proposed subsection (a)(2) (now subsection (b)(2)) listing of diseases reportable within 5 days, since it does not exist. Hepatitis, non-A and non-B should be added to the 5 day list in proposed subsection (a)(2). These same comments apply to § 27.22(b).

Response

The Department agrees with the comments, and has revised the references to hepatitis in this section. The Department has deleted all references to hepatitis from what is now subsection (b)(1), which requires reporting within 24 hours. The regulations require that hepatitis, viral, all types, is reportable within 5 days of its identification by symptom, patient appearance or diagnosis. See subsection (b)(2).

The Department has made similar revisions to § 27.22(b).

Comment

The Department should require HIV reporting. The Legislature contemplated reporting of HIV infection under section 7(a)(9) of the Confidentiality of HIV-Related Information Act (35 P. S. § 7607(a)(9)). The Department should also explain what type of HIV reporting it favors; most persons appear to favor a unique identifier system of reporting.

Response

The Department has chosen to promulgate regulations relating to HIV separately. The revisions to Chapter 27 included in this final-form rulemaking have been under consideration by the Department and various stakeholder groups for the past 10 years. The Department was anxious to proceed with the amendments, and did not wish to delay them while important consideration and public discussion was given to the question of when and how HIV should be made reportable. The Department neither wished to rush the process involving the promulgation of regulations relating to HIV reporting, nor to delay this general rulemaking concerning communicable and noncommunicable diseases.

Further, the importance of the promulgation of regulations relating to HIV reporting warranted a separate rulemaking so that attention could be focused on that

issue. Therefore, the Department has proposed separate regulations on that topic. The regulations that would require reporting of certain HIV tests, CD4 T-lymphocyte counts below certain levels, and perinatal exposure of newborns to HIV by name, were published as proposed at 31 Pa.B. 2126 (April 21, 2001). A 30-day public comment period was provided.

Comment

With respect to the requirements for reporting phenylketonuria, MSUD, hypothyroidism and sickle cell hemoglobinopathies, the Department should explain why it is using both the phrase "up to 5 years" and "up to 60 months" in relation to the age of the child in whom the disease should be reported.

Response

The Department agrees that this language should be changed, and is revising the regulation to state that these diseases are reportable in children under 5 years of age.

Comment

The Department should include smallpox in the list of diseases that must be reported within 24 hours. The threat of bioterrorism requires the reintroduction of smallpox into the list.

Response

The Department agrees with the recommendation, and has added smallpox to subsection (b)(1).

Comment

The statement in the preamble to the proposed regulations that it is not clear that chickenpox can be prevented by vaccination is outdated. This vaccine is now recommended universally for children and other persons not known to be immune.

Response

The Department agrees that the statement is no longer correct. The Department has promulgated regulations that include chickenpox (varicella) in the list of diseases for which immunization is required for school entry and attendance. These provisions will be effective for the 2002-2003 school year.

Comment

Does the Department distinguish between occurrence of the chickenpox disease and postvaccination cases?

Response

The Department does not distinguish between wild virus chickenpox and postvaccination cases.

Comment

The Department should remove required reporting of chickenpox (varicella) until it decides that reporting is warranted based on trends in information reported by clinical laboratories. The 3-year time frame presupposes that cases will need to be reported by health care facilities and practitioners. The Department should wait until chickenpox (varicella) immunity is required in schools.

Response

The Department has not changed the proposed rulemaking in response to this comment. The Department believes that reporting of varicella is warranted now. As stated previously, the Department's regulations requiring immunity from chickenpox as a condition of school entry and in the seventh grade will be in place for the beginning of the 2002-2003 school year.

Comment

Chickenpox (varicella) should be added to the list of reportable diseases, however, there should not be a 3-year delay for reporting by practitioners. Laboratories will not have data to provide, since a primary care provider rarely, if ever, requires a laboratory test for the disease. School nurses and child care programs could report the disease, since often only the most severe cases are seen by physicians.

Response

The Department has not changed the proposed rule-making in response to this comment. Laboratories are already reporting this disease on a voluntary basis. Sentinel surveillance systems are already ongoing in schools and day care centers, and with physicians. Sentinel surveillance for varicella involves polling approximately 2,000 sites Statewide on a monthly basis to gather information on ongoing incidence, morbidity and mortality of varicella. As varicella vaccine usage increases, the Department will monitor disease incidence using this system until the numbers of cases of varicella are at a more manageable level for individual case reporting. The Department anticipates that this will be within a 3-year period from the effective date of these regulations, which will coincide with a 3-year period from the effective date of the varicella immunization requirements. The Department, in setting a 3-year delay in reporting for health care practitioners (which includes school nurses) is attempting to alleviate what could become a burden for health care practitioners, and what could, if reporting were immediately required, cause them to have to report tens of thousands of cases a year. The Department's expectation is that within 3 years of the regulations regarding school immunizations and immunity being in place, this number will drop to less than 1,000 annually.

Comment

The Department should add to subsection (c) a requirement that a child care group setting that enrolls more than 12 children is to report to the LMRO any unusual increase in the number of absentees.

Response

The Department agrees that such a requirement would aid it in its responsibilities to prevent and control the spread of disease, and has added the recommended language to subsection (c).

Section 27.22. Reporting of cases by clinical laboratories.

This section addresses reporting requirements for clinical laboratories. It includes the list of diseases, infections and conditions reportable by laboratories and the time frames in which laboratories are required to report.

Comment

The Department should delete language from the regulation that limits the reporting of arboviruses to the Eastern, Western and St. Louis arboviruses. The Department should add references to West Nile and Equine as well. Arboviruses can appear in unexpected places, as the West Nile outbreak in New York City shows. Any arboviral case could lead to the need for mosquito control efforts and other public actions.

Response

The Department agrees with the comment. Since the Department's intention is to require the widest reporting possible, it has deleted all references limiting reporting to certain types of arboviral diseases, thereby requiring the reporting of all arboviruses.

Comment

The Department should add language that would permit either the referring laboratory or the laboratory performing the test to report the results. This would ensure that the Department receives a report that contains the most complete information. It will also eliminate duplication. The referral laboratory may not have all the demographic information requested by the Department. If the Department chooses not to revise this section, it should explain why duplicate reports are necessary and how the benefits outweigh the costs.

Response

The Department has not changed the proposed rule-making in response to this comment. Because the Department needs all the information on a case it can obtain, both the "primary" and the "referral" laboratory are required to report. The necessity for reporting from all possible reporters has already been discussed in detail.

Comment

The Department should explain why it has made decisions to delete or add specific diseases.

Response

The Department will respond to this comment in its responses on the specific requests for additions or deletions to the list of cases reportable by clinical laboratories.

Comment

The Department should add CD4 T-lymphocyte counts of 500 cells per microliter or less to the list of reportable diseases in subsection (b).

Response

The Department has not added this requirement to these regulations. The Department, in a separate rule-making, published at 31 Pa.B. 2126 is proposing to add a requirement for reporting of laboratories, practitioners, and other entities of CD4 T-lymphocyte cell counts of less than 200 cells per microliter or which are 14% or less of total T-lymphocyte cells. Chapter 27 will be amended again when the Department acts to adopt that proposed rulemaking.

The Department has not proposed the reporting of CD4 T-lymphocyte cell counts of less than 500 cells per microliter because there is not a National consensus on reporting at that level.

Comment

The Department should add the following diseases to the list of diseases reportable by laboratories: cryptosporidiosis; histoplasmosis; meningitis; toxoplasmosis and yellow fever. Arboviruses should be listed in the same manner as in § 27.21a.

Response

The Department agrees and has amended this section to require reporting of cryptosporidiosis, histoplasmosis and toxoplasmosis by laboratories. This comports with the National standard for reporting.

The Department has revised the reference to arboviruses in this section to require reporting of all arboviruses, as it has in § 27.21a(b)(1). Since yellow fever is a mosquito-borne disease, and is covered by the term "arbovirus," there is no need to add it specifically to the list. Similarly, the regulation requires the reporting of meningococcal infections by laboratories, rather than meningitis. Meningitis is a clinical diagnosis, and is

required to be reported by health care practitioners and health care facilities in § 27.21a.

Comment

The Department should delete synctial virus from the list of diseases required to be reported by clinical laboratories. Local health authorities will be inundated with reports, and the Department did not provide a reason in its preamble to proposed rulemaking for including this disease.

Response

The Department has not changed the proposed regulation in response to this comment. Since this section requires reporting of synctial virus by laboratories, and not by health care practitioners and facilities, the Department does not expect to be inundated by reports. This requirement will allow the Department to identify outbreaks of disease once the use of the new vaccine for this virus is widespread.

Comment

The Department should remove references to unusual clusters of isolates from subsection (b) since the term "unusual" may mean something different depending on the disease.

Response

The Department has not changed the proposed regulation in response to this comment. The term "unusual" may mean different things depending on different diseases. For example, a laboratory may notice that it has positive results for E. coli 0157:H7 from tests on several different specimens, and this does not usually occur. This unusual grouping of test results could be indicative of an outbreak. The Department does not want to lose an opportunity to intervene to prevent and control the spread of disease.

Comment

The Department should add the following language to subsection (c): "the report shall include the source of the specimen (such as, serum, CSF, stool, wound); the results; the range of normal values for the specific tests."

Response

The Department agrees that this additional information would be valuable to it in its disease prevention and control function. It has added the recommended language to subsection (c), with the exception of the test results, since that data element is already included in the regulation.

Comment

The Department should adopt a unique identifier system for all reporting. There is a concern with respect to the confidentiality of information reported to the Department, particularly with cancer information and lead test results. A unique identifier system would permit the Department to carry out its responsibilities while protecting the information.

Response

The Department has not changed the proposed rulemaking to address this comment. The Department cannot fulfill its disease prevention and control functions, which include follow up with individuals to ensure that medication is being taken, treatment being followed and contacts being notified, without obtaining the name and identifying information of the individual about whom the report is made. The Department has had information reported to

it under the act since 1955 by name of the individual without major issues surrounding confidentiality.

The act requires the Department and local health departments to keep confidential the information they collect under the act. The act prohibits the Department from releasing information secured under the statute, even in the face of a subpoena, with few exceptions. Section 15 of the act (35 P.S. § 521.15) provides as follows:

State and local health authorities may not disclose reports of diseases, any records maintained as a result of any action taken in consequence of such reports, or any other records maintained pursuant to this act or any regulations, to any person who is not a member of the department or a local board or department of health, except where necessary to carry out the purpose of the act. (35 P.S. § 521.15).

The Supreme Court of the Commonwealth has stated that the purpose of the act is to aid the Department and local health departments to prevent and control the spread of disease. See *Commonwealth v. Moore*, 584 A.2d 936, 940 (Pa. 1991). In *Moore*, the Supreme Court held that release of information collected under the act to aid a criminal prosecution did not carry out the purpose of the act. The Department may disclose aggregate information on disease cases for research purposes, but will only do so without including case-identifying information. The Department will disclose identifying information with a valid consent from the individual whose information is being requested.

Because the Department and local health departments take the responsibility to protect all information reported under the act very seriously, they have, on several occasions, engaged in litigation in State and Federal court to prevent the release of information reported under the act. The Department has no reason to abdicate this responsibility to maintain the confidentiality of this information.

With respect to cancer reporting, this type and level of cancer reporting is required by the Federal Cancer Registries Amendment Act of 1992.

Comment

Subsections (d), (e) and (k), which require reporting of diseases and conditions of the newborn, sexually transmitted diseases (STDs), lead levels and tuberculosis test results to separate places within the Department (and in the case of tuberculosis, to Allegheny and Philadelphia Counties when the patient resides there), should be deleted. All reports should be made to a single location within the Department.

Response

The Department agrees that a single reporting location should be developed for electronic laboratory reporting, but is unwilling to do so for paper reporting at this time. The Department is, therefore requiring that all laboratory reports that are made electronically be made to the Department's Division of Infectious Disease Epidemiology, with the exception of newborn screening, lead and cancer. The Department intends to phase in electronic reporting by all reporters as has already been discussed.

The Department is addressing paper reporting by changing the requirement in subsection (e) that laboratories making paper reports send the report to the county or municipal department of health where the patient resides. Section subsection (d) now requires the laboratory to send paper reports to the LMRO where the case

was diagnosed or identified. This is in keeping with the Department's revisions to requirements for health care providers and practitioners who report on paper. The Department has, therefore, deleted proposed subsection (k), which would have required laboratories to report tuberculosis to either Philadelphia or Allegheny County, depending upon where the case resided, or as a default, to the Division of Tuberculosis and Sexually Transmitted Diseases.

The Department has also made changes to § 27.33 (relating to reporting cases of sexually transmitted diseases). The Department has revised that section to delete special reporting requirements for syphilis, and to require paper reports of sexually transmitted diseases to be sent to the LMRO where the case is diagnosed or identified (see § 27.33(b)) and electronic reports to be sent to the Division of Infectious Disease Epidemiology, Bureau of Epidemiology (see § 27.33(c)). The Department has deleted the reference to § 27.33 from subsection (e).

Comment

The Department should add language that would require laboratories that cannot perform serotyping to mail isolates of salmonella (subsection (f)), *Neisseria meningitidis* (subsection (g)), *E. coli* isolates (subsection (h)), and *H. influenzae* isolates (subsection (i)) to the Department. All other laboratories should be exempted from that requirement as they can conduct the serotyping themselves. This would eliminate the need to send a potentially biohazardous specimen through the mail.

Response

The Department has not changed the proposed regulation in response to this comment. The only laboratories that can perform the level of serotyping required by the Department for its disease investigation and surveillance are National reference laboratories, which obtain the necessary reagents from the CDC to perform this testing. However, a commercial National reference laboratory may not be able to perform all the required tests on the specimen. The only laboratory within this Commonwealth that can perform the level of serotyping needed by the Department to conduct its disease surveillance and investigation is the Department's State laboratory operated by its Bureau of Laboratories. The Bureau of Laboratories also maintains the isolates so that the Department can match up disease strains and pinpoint outbreak sources. This enables the Department to control the spread of the disease. Further, the Department does not charge the person submitting the specimen; it does this testing as a public health service.

Section 27.23. Reporting of cases by persons other than health care practitioners, health care facilities, veterinarians or laboratories.

This section requires individuals in charge of certain types of group facilities to report diseases, infections and conditions.

Comment

The language of this section appears to require the same level of reporting for persons in charge of group facilities as is required of health care practitioners and health care facilities. Individuals in charge of group facilities do not diagnose, or treat or examine patients. Does this section intend schools and child care providers to become mini health clinics? What does the Department expect from layperson's reports? Can reports be based on symptoms and suspicions, rather than identification?

Response

As the Department has explained in response to comments on § 27.21a, the Department does not intend to require diagnosis of a disease, infection or condition by those individuals who are not, by training and experience, capable of performing diagnoses, or who are not, by the scope of their licensure, permitted to diagnose. The act and regulations require reporting, not only of a diagnosed case, but also of a suspected case, based on symptoms, appearance and the circumstances surrounding the suspected case. The Department does not expect a layperson to be as aware of diseases, infections and conditions as a health care practitioner or facility, and has changed the language of this section to clarify that. The Department has explained how reports from laypersons are handled in its response to comments on the definition of the term "health care practitioner" in § 27.1.

Comment

Why is the phrase, "except as otherwise set forth in this section" needed here?

Response

The phrase was included because the section, as proposed, would have required individuals in charge of certain group facilities to report in the same manner as health care practitioners are required to report under § 27.21a. Some of the diseases listed in § 27.21a are reported in a unique manner, however. Lead poisoning, for example, is reported directly to the Division of Maternal and Child Health, rather than to an LMRO. Because the Department has revised this section by deleting the statement that reports are to be made in accordance with § 27.21a, the phrase is no longer necessary. The Department has deleted it from the regulation.

Section 27.25. (Reserved).

This section, which is being deleted by the Department, required licensed health care practitioners other than physicians, including nurses, chiropractors and optometrists, to report the knowledge or suspicion of a communicable disease.

Comment

The Department states that it is deleting this section because it is including the requirements of the section in § 27.21a. The regulations do not say who is to report. This should be clarified.

Response

Section 27.21a clearly states that health care practitioners and health care facilities are to report the listed diseases, infections and conditions. The Department has defined "health care practitioner" broadly to include the individuals listed in repealed § 27.25. The Department believes that no further clarification is necessary, and has deleted the regulation, as proposed.

Section 27.30. Reporting cases of certain diseases in the newborn child.

This section requires that reports of MSUD, PKU, primary congenital hypothyroidism and sickle cell hemoglobinopathies be made to the Department's Division of Maternal and Child Health.

Comment

This section should be deleted, since all reports should be made to one central location within the Department.

Response

The Department has discussed the issue of reporting to a central location in its response to general comments on

the reporting of cases. However, when electronic reporting for practitioners and facilities as well as laboratories is instituted, § 27.30 is unlikely to be repealed. There are additional considerations with respect to reporting results of metabolic disease testing in the newborn that necessitate continued reporting of these diseases directly to the Division of Maternal and Child Health. If these diseases were reported to a central location within the Department, that location would have to sort these reports out of reports of each of the 52 reportable diseases, infections and conditions, and route them to the Division of Maternal and Child Health. The delay in time that this would cause could be dangerous for the children involved. There is a need for speed in reporting these diseases to the Division, which is responsible for follow-up and referral of children with these conditions. MSUD, for example, within the space of 7 days, can cause severe mental retardation or death.

Comment

Expanding reporting to the four diseases included in the regulations, MSUD, PKU, sickle cell hemoglobinopathies and congenital hypothyroidism is supported, however the regulation should be expanded to include all diseases for which tests are conducted by Neogen, Inc., a company offering an expanded testing panel which is currently used by most birthing hospitals. It is in the epidemiological interest of the Department to monitor the frequency of these diseases for their possible addition to the newborn screening program.

Response

The Department has not changed the proposed rulemaking in response to this comment. The expansion of diseases and disorders reported to the Department's newborn screening program is cautiously and carefully considered on a condition-by-condition basis, based on criteria adopted by the Department and recommended by the Council of Regional Networks for Genetic Services. Before adding diseases and conditions to the list, the Department considers demographic information, the genetic composition of the population, available methodologies, outcomes and economics. The Department will screen for only those conditions for which effective intervention and treatment is available and accessible to all affected newborns. The Department also considers the impact of the required reporting on the program's capacity for follow-up and treatment. A follow-up system must be in place, or able to be put in place, that will ensure that any positive or potentially positive result for a newborn is pursued through to resolution.

The Department does continually review the newborn screening program and the list of diseases and conditions included in that program, and evaluates the need for expansion. At 31 Pa.B. 2271 (April 28, 2001), the Department published proposed rulemaking in which it proposed to add two conditions to the list—galactosemia and congenital adrenal hyperplasia. That rulemaking, upon becoming final, will amend these regulations relating to communicable and noncommunicable diseases as well, to add the two conditions to the list of reportable diseases, infections and conditions. Questions concerning the appropriateness of including diseases and conditions on the list of diseases and conditions for which newborn screening is done are more appropriately addressed through discussion on that rulemaking.

Section 27.32. (Reserved).

This section, which is being deleted, required reporting of AIDS by hospitals and physicians.

Comment

The Department should not delete the section, which includes the requirement that AIDS be reported by hospitals, health care facilities and institutions. Hospitals as well as health care practitioners should be required to report AIDS.

Response

As the Department has stated earlier in its response to comments on proposed § 27.21, the deletion of a requirement that hospitals report cases of AIDS was an oversight, and the Department has reinstated that requirement in § 27.21. The Department's regulations never required that institutions report AIDS.

§ 27.33. Reporting cases of sexually transmitted disease.

This section specifies how health care practitioners and health care facilities are to report cases of sexually transmitted diseases.

This section has been revised in response to general comments that all diseases, infections and conditions should be reported in the location where the individual is, rather than where the individual resides. The Department has changed this section to require that all reports of sexually transmitted diseases be made to the LMRO where the case is diagnosed or identified. This will simplify disease reporting.

Section 27.34. Reporting cases of lead poisoning.

This section includes specific requirements for reporting cases of lead poisoning. The Department has changed the language of the section to clarify its intent that clinical laboratories report elevated blood lead levels (not lead poisoning) as defined by the NIOSH, in persons 16 years of age or older. Currently, that definition is a venous blood lead level of 25 micrograms per deciliter (µg/dL) or higher. The Department will publish updates of this definition in the *Pennsylvania Bulletin* within 30 days of its notification by NIOSH. See § 27.34(a)(3).

Comment

Reporting of all childhood lead testing analyzed by a clinical laboratory, regardless of the result, is supported. This will give the Department sufficient information to develop appropriate lead testing protocols for this Commonwealth. Reporting by the laboratory is also supported, since all venous and capillary lead testing is done by laboratories.

Response

The Department agrees.

Comment

The requirement that a clinical laboratory report blood lead tests performed on pregnant women should be deleted from subsection (a). A laboratory has no way of knowing whether a specimen for testing is from a pregnant woman. This information is more appropriately reported by health care practitioners, who have access to it.

Response

The Department agrees, and has changed subsection (a) to remove the proposed requirement that clinical laboratories report blood lead results on pregnant women. The Department has included in subsection (a) all requirements for clinical laboratories, and has revised subsection (b) to require health care practitioners and health care facilities to make reports on blood lead levels in pregnant women, since these entities would have access to that

information. Subsection (b) also requires that health care practitioners and health care facilities report all blood lead levels, both venous and capillary, on persons under 16 years of age.

Comment

As with newborn screening reporting, all reports of lead poisoning should be sent to one clearinghouse within the Department. This would make it easier for persons and facilities required to report.

Response

The Department has not changed the proposed regulation to address this comment. The Department has addressed the issue of reporting to a central location in its response to general comments on these regulations. Further, the Department currently has in place, and is refining, an electronic system for reporting blood lead levels. When, in the development of its electronic disease surveillance system, the Department finds that it is more efficient and cost effective to include lead reporting within that system, the Department will do so upon 6 months notice to reporters. See § 27.4(b).

Comment

In subsection (a), the Department uses the term "persons under 16 years of age" rather than the term "child," which includes anyone 15 years of age and under. The Department should use the term "child" in this regulation.

Response

The Department has not changed the proposed regulation to address this comment. Because the Department has revised the definition of the word "child" to include persons under 18 years of age, use of the word "child" in this section, without any qualifying language, would not be accurate. According to the CDC protocols, reportable lead levels for persons under 16 years of age, and for pregnant women, differ from those reportable for persons 16 and older. This is because the susceptibility to lead poisoning is different in persons of different ages, and lead poisoning is an extreme hazard for pregnant women.

Comments

Subsection (e) provides for referral of a physician under whose authorization blood is collected for a blood lead test to the appropriate licensing board for disciplinary action if the physician fails to provide the necessary demographic information to the laboratory along with the specimen. This subsection is a cause for concern, and should be deleted.

Subsection (h) should be deleted. Subsection (h) requires that a clinical laboratory follow certain procedures to attempt to obtain information necessary for the laboratory's report to the Department when certain information is not included with the specimen. The laboratory has the responsibility to provide a submission form to the person ordering the test that solicits certain information. The responsibility for providing that information belongs to the person ordering the test. Because there are criminal penalties associated with failure to properly report information, as well as the possibility of licensure sanctions, including revocation of a license, a laboratory should not be required to follow the burdensome procedures included in this subsection.

Response

The Department has reconsidered proposed subsections (h) and (i), and has decided that, as proposed, they would place too great a burden upon the clinical laboratory to

obtain information from the specimen submitter. It has deleted those proposed subsections. Proposed subsection (e) would have been redundant since, if a physician fails to comply with the regulations on an ongoing basis, the Department may choose to refer the physician for disciplinary action under § 27.6. The Department has deleted proposed subsection (e) as well.

Comment

Subsection (i) requires the laboratory to notify the Department of its inability to obtain information from the specimen submitter as required in subsection (h), and includes in paragraphs (1)–(5) the information the laboratory must provide to the Department with this notice. Paragraph (5) requires the laboratory to provide any other information requested by the Department. This paragraph should be limited to any other information necessary to complete the reporting form.

Response

Since the Department has deleted proposed subsections (h) and (i), no further response to this comment is necessary.

Comment

Subsection (j) provides that a laboratory may be subject to revocation of its license for failure to comply with the subsection, or may be subject to other disciplinary action. To what other disciplinary action does this refer?

Response

Because § 27.6 adequately addresses these issues, the Department has deleted proposed subsection (j) as redundant. Under § 27.6, a clinical laboratory that fails to comply with these regulations may be subject to restrictions being placed upon its permit to operate, or revocation of its license under the Clinical Laboratory Act (35 P. S. §§ 2151–2165). Further, a laboratory that fails to comply with the act and regulations may be subject to penalties in accordance with section 20 of the act (35 P. S. § 521.20) and § 27.8.

§ 27.41a. Reporting by local morbidity reporting offices of case reports received.

§ 27.42a. Reporting by local morbidity reporting offices of completed case investigations.

These sections explain how LMROs are to report.

The Department has revised the proposed sections to reflect its changes to the proposed definition of "LMRO."

Section 27.43a. Reporting by local morbidity reporting offices of outbreaks and selected diseases.

This section explains how LMROs are to report. The Department has also revised this section to reflect its changes to the proposed definition of "LMRO."

Comment

The Department should review this section, and explain why various diseases have and have not been included in the section.

Response

The Department will address this comment in its response to comments on particular diseases.

Comment

There is no subsection (a) in this section, therefore, the Department should label subsection (b) as subsection (a).

Response

The commentator misread the proposed regulation. The section, as proposed, does include a subsection (a). There is no need to relabel subsection (b) as subsection (a).

Comment

Proposed subsection (b)(2) requires that the LMRO report cases of certain diseases, infections and conditions to the Department on the same day any of the listed diseases are reported to it or it finds out about those diseases. The Department should delete hepatitis A and meningitis from subsection (b)(2) and should add the words "food borne" before the word "botulism" in that subsection.

Response

The Department agrees with this comment, and has made the recommended changes. An urgent response to reports of hepatitis A and meningitis is not necessary due to the manner in which these diseases are transmitted.

Comment

The Department should add the following diseases, infections and conditions to subsection (b)(2): arbovirus disease, haemophilus influenzae invasive disease in a child under the age of 15 years, and Legionnaire's disease. Because of the serious nature of these diseases, action to intervene must be taken to prevent and control their spread in less than 5 days.

Response

The Department agrees with this comment, and has revised subsection (b)(2) to include the recommended changes.

Comment

The Department should add smallpox to subsection (b)(2) due to the possibility of its use in a terrorist attack.

Response

The Department agrees with this comment, and has revised subsection (b)(2) to include smallpox.

Subchapter C. QUARANTINE AND ISOLATION

Comment

The Department should clarify in the preamble how this subchapter applies to hospitals, or state in its regulations the circumstances under which health care facilities are required to contact local health officials to confer about matters relating to quarantine and isolation. Hospitals routinely adhere to standards relating to isolation of patients and transporting them without notifying the Department or local health authorities. The Department does not need to have routine matters reported to it by health care facilities.

Response

Subchapter C has been in place in the form now being amended since 1979. Section 27.67 (relating to movement of persons and animals subject to isolation or quarantine by action of a local health authority or the Department) has, over the last 20 or more years, required a health care facility to secure the permission of a local health authority or the Department before moving a person under isolation or quarantine. The only substantive change to this section is to include movement of animals under isolation or quarantine to its requirements, which should have little impact on hospitals. The remainder of the amendments to this section are intended to update

the terms used in the section, for example, changing "local health officer" to "local health authority."

There is no need to clarify this subchapter. By law, the Department and local health departments are given broad authority by the General Assembly through the act to prevent and control the spread of disease. See 35 P. S. § 521.3 (relating to responsibility for disease prevention and control). This includes the imposition of disease control measures, including isolation and quarantine, and the ability to set requirements for those control measures, necessary to prevent and control the spread of disease. See 35 P. S. §§ 521.5, 521.7, 521.11 and 521.16(a)(3)(4) and (5) (relating to control measures; examination and diagnosis of persons suspected of being infected with venereal disease, tuberculosis, or any other communicable disease, or being a carrier; persons refusing to submit to treatment for venereal diseases, tuberculosis or any other communicable disease; and rules and regulations); see also 71 P. S. § 536(b) (providing the Department authority to establish and enforce quarantines to prevent the spread of disease) and 71 P. S. § 541(b) (providing the Department through the Board the ability to promulgate regulations for the health and protection of the people of the Commonwealth)).

While the Department recognizes that a health care facility has the responsibility for the individual patient, the Department has the responsibility for the safety and welfare of the entire public. It is necessary for the Department to be involved in matters relating to isolation and quarantine of persons with reportable diseases, regardless of whether these persons are currently in a health care facility, to ensure that the public's safety is considered as well as the patient's. Further, the Department has expertise in these matters which could benefit the health care facility.

If a disease, infection or condition is reportable under these regulations, the health care facility must report it as required under the regulations. The health care facility has no discretion in the matter. This requirement has also not changed over the years, although the list of diseases and the method of reporting may have changed somewhat. If the disease is one which requires isolation of the case or quarantine of the contacts, and the Department or a local health authority orders the isolation or quarantine, the health care facility must comply with the regulations and the Department or local health authority's orders regarding control measures, if any are issued, or be in violation of the law. The Department will, of course, be cognizant of the expertise of the hospital's infectious disease staff, and will work with them to ensure that proper control measures are taken, as it currently does.

Section 27.60. Disease control measures.

This section lists the disease control measures that the Department or a local health authority may take, including any disease control measure that the Department or a local health authority considers to be appropriate for the surveillance of disease, when it is necessary to protect the public health. Actions of local health authorities that are not LMROs are conditioned upon the approval of the Department.

Comment

There is considerable controversy over the appropriateness and need for isolation of some infections. Many reports and articles provide a different approach for different facilities. There is concern that a long-term care facility may find itself in conflict with the regulations,

and be forced to accept the Department's interpretation of whether isolation was indicated, where and how much. Specifically the concern is with Methicillin resistant staphylococcus aureus (MRSA) and Vancomycin resistant enterococci (VRE), which are not often seen. It should be assumed that the requirements for disease control measures with respect to these diseases do not apply, since they are not reportable diseases and conditions. Also, a long-term care facility may isolate a salmonella case, but not always with the practice of universal standard precautions.

The Department's statement that it has the discretion to implement the most appropriate disease control measures for the situation is not accurate. This statement gives all the authority to the Department to determine the isolation requirements without any recognition of a facility's systems. The long-term care industry is currently burdened with Department-imposed two-step tuberculin skin testing for all employees. Neither the CDC nor OSHA imposes this requirement. Since the Department is not reasonable with respect to these requirements, long-term care facilities have no confidence that the Department will be reasonable with respect to control requirements. The Department must give some recognition in this section for a health care facility's existing and regulatorily required infection control systems to prevent the future imposition of arbitrary and capricious measures.

Response

As discussed in response to general comments on this subchapter, the Department has statutory authority, regardless of existing systems within a health care facility, to require specific disease prevention and control measures as the Department's disease control experts find necessary to protect the fragile population resident in long-term care facilities. The Department and local health departments will work first within a facility's existing infection control systems, which should be adequate for most outbreaks and cases. If, however, additional precautions are necessary, the facility must comply with the Department's orders to remain compliant with the law.

With respect to MRSA and VRE mentioned by the commentator, although these diseases are not specifically listed as reportable within Chapter 27, if there is an outbreak of either, the outbreak is reportable. Upon being informed of the outbreak, the Department may take the steps it deems necessary to prevent and control the spread of disease. Further, these diseases are reportable under the Department's regulations relating to long-term care nursing facilities. See § 211.1(c).

With respect to the issue regarding tuberculosis, the regulations of the Division of Nursing Care Facilities are not in conflict with the recommendations of the CDC. The regulations require a two-step PPD testing procedure, as the CDC recommends. In interpreting its regulations, the Department requires that long-term care facilities have policies and procedures in place to address individual situations, which may satisfy the two-step PPD test requirement. If a long-term care facility has implemented appropriate policies and procedures and the facility's Medical Director is willing to document that a complete two-step PPD test is not required for an individual employee, the Department will consider that when determining if the facility has met the regulatory requirements. Accordingly, the Department is not in conflict with CDC recommendations, but merely requires that each

situation be addressed individually by a medical professional to assure the health and safety of the residents in a long-term care facility.

Comment

The last sentence of this section requires an LMRO to receive approval from the Department before taking disease prevention and control measures. The Department should explain how this is to occur, and whether the requirement needs to be in writing.

Response

This section requires only a local health authority that is not an LMRO to obtain approval from the Department. This is intended to ensure that those local health authorities without experience in dealing with disease control measures have the benefit of the Department's expertise before taking action. The Department has changed the last sentence of the proposed regulation to use the term "LMRO" rather than "local health department" since that is consistent with the remainder of the Department's regulations on disease control. The Department will contact the local health authority by telephone, facsimile or in writing, depending upon the circumstances of the case and the urgency for action to be taken to control and prevent the spread of disease.

Section 27.67. Movement of persons and animals subject to isolation or quarantine by action of a local health authority or the Department.

This section requires certain actions to occur before persons or animals subject to quarantine or isolation by action of the Department or a local health authority can be moved from one place to another.

Comment

The Department should add the word "person" in front of the word "animal" in subsection (d).

Response

The Department agrees, and has revised the regulation.

COMMUNICABLE DISEASES IN CHILDREN AND STAFF ATTENDING SCHOOLS AND CHILD CARE GROUP SETTINGS

This part of Subchapter C includes criteria for exclusion and readmission of children and staff in schools and in child care group settings, and lists the diseases and symptoms for which exclusion may occur. It also includes a section that requires exclusion from child care group settings if a child does not have the listed immunizations or immunities. The Department received several comments on the sections in this part of the subchapter. Several comments were directed at the substance of this part of the subchapter, rather than to a particular regulation.

Comment

The heading of this part of the regulations uses terms like "children" and "staff" while the sections in this part use the term "pupils." The Department should review this part for consistency, and use terms consistently.

Response

The Department agrees with the comment. It has amended the proposed regulations to use the terms "child" and "children" rather than "pupil," and the phrase "staff having contact with children" rather than "staff."

Comment

A physician or school nurse should not have to verify that criteria for readmission have been satisfied unless

there is a question on the part of the school or child care group setting regarding whether the criteria have been satisfied. The criteria specified by the Department for readmission are very clear for most conditions, and to require a doctor or nurse to verify them would be a waste of time and resources. For example, physicians can do no more to ascertain the status of the child than a caregiver, who would ask the parents about whether the first crop of vesicles of chickenpox developed, and whether all the lesions have dried and crusted. Physicians and parents do not have to interact to confirm this status.

The times when a health professional needs to be included are clearly stated in the readmission criteria for conditions where the involvement is appropriate. When negative culture tests are required, the tests require involvement of a health professional as stipulated in the exclusion criteria.

Response

The Department has not changed the proposed regulations in response to this comment. The disease situations listed in this portion of the regulations that require verification for readmission to a school or group child care setting by a physician or a school nurse are situations that pose serious medical consequences to the individual with the disease, and to those exposed to the disease, if the individual remains communicable. Where the regulations require verification by physicians or school nurses for readmission, that verification is necessary to prevent and control the spread of disease.

Comment

Nonpublic schools do not have full-time school nurses. There are no school nurses functioning in many nonpublic schools. If no other type of personnel is assigned to perform this function, how can children be readmitted?

Response

The Department has not changed the proposed rule-making in response to this comment. Whether a school is public or nonpublic does not change the risk to children exposed to a communicable disease. Further, although a school nurse may not be stationed daily at a nonpublic school, school nurses are available from the district. If one is not due for a visit at the time readmission criteria must be verified, the private school may request that one come to the private school for that purpose. The law requires that the school district make health services available to public and private school children. See 24 P. S. § 14-1402(a). School nurses are made available to nonpublic schools by the school district (id. at (a.1); and § 23.51 (relating to children to be provided school nursing services)). The number of school nurses to be provided within a school district is calculated based on the number of private and public school children within that district. See 24 P. S. § 14-1402(a.1). Therefore, by law, there must be access to school nurse services by children of private schools. Further, as the regulations state, in the absence of a school nurse, a physician's certificate is acceptable.

Comments

To require verification by a school nurse is a problem, because public schools do not have school nurses in every building every day. Further, the function of a school nurse is to focus on children, not the employees of the school.

Given the concern over lack of school nurses, why is verification of the criteria for readmission limited to a school nurse or a physician? Would verification from other medical personnel meet the requirements?

Response

The Department has not changed the proposed regulations in response to these comments. As is the case with private schools, if a school nurse is not present in a particular building, the school nurse may be sent for to verify readmission criteria. Again, a physician's verification need not be reverified by a school nurse. Lastly, Article XIV of the Public School Code of 1949 (24 P. S. §§ 14-1401—14-1422), which addresses school health services, includes requirements for the health of school staff. See 24 P. S. § 14-1418. If the staff in contact with children have a communicable disease of the type listed in the regulations, the health of the children with whom that staff are in contact could be compromised. To prevent and control the spread of disease within the school community, the health of all members of that community must be monitored. Infected staff can infect children.

Comment

The Department should reconcile the exclusionary language in this part of the regulations with the CDC's *Personnel Health Guidelines* which were published on September 8, 1997.

Response

The Department has not changed the proposed regulations in response to this comment. The guidelines to which the commentator refers are guidelines for hospital-based infection control. The Department's requirements are broader in this particular part of the regulations, in that they are directed toward prevention and control of the spread of disease in schools and child care group settings. The difference in setting requires a different approach. Individuals in a hospital setting are exposed to more virulent and different types of infections and are more likely to be in a fragile state susceptible to transmission of disease.

Comment

The Department should change the language of §§ 27.71—27.75 to read "children in child care and pupils in schools," and add the words "child care group settings" and "caregiver" to the sections. The reference to §§ 27.71—27.75 in § 27.76 (relating to exclusion and readmission of children, and staff having contact with children, in child care group settings) would then be unnecessary.

Response

The Department has not changed the proposed regulations in response to this comment. The Department is satisfied with the language in § 27.76 that expressly applies §§ 27.71—27.75 to child care group settings, with appropriate modifications.

Comment

The Department should make immunization delivery a reportable event, as the city of Philadelphia has done. This would allow future implementation of a Statewide immunization system, or registry. The language allowing for this should permit all health care providers or insurers to report, and should include immunity for violations of privacy and confidentiality of medical records.

Response

The Department is taking this comment into consideration. However, given the many serious issues surrounding the actual development and implementation of a registry process, more time is needed to consider the possibility of a registry, and how it would be implemented. For example, issues concerning whether persons

other than the Department would have access to the registry, how that access would occur, whether or not patient consent to be a part of the registry must be obtained, and how registration would occur, must be taken into account. More public comment should be invited than is possible at this stage in this rulemaking process. Further, the Department could not create immunity for providers and insurers from privacy and confidentiality laws, without having the statutory authority to do so. If the Department decides to pursue implementation of reporting of immunization delivery, the most appropriate way to do so is through separate rulemaking.

Section 27.71. Exclusion of children, and staff having contact with children, for specified diseases, infections and conditions.

This section requires exclusion of children, and staff persons who have contact with children, from school when a physician or school nurse suspects that individual of having any of the communicable diseases, infections or conditions listed in the section.

The Department has made a revision in paragraph (5), with respect to the exclusionary requirements for rubella. The proposed rulemaking had changed the number of days from the onset of rash from four to seven. The number should have remained four.

Comment

The Department should add *Neisseria meningitidis* to the list of diseases for which children and staff having contact with children are excluded. The exclusion should last until the person is made noninfective by a course of rifampin or other drug which is effective against the nasopharyngeal carriage state of this disease, or until otherwise shown to be noninfective. This requirement is included in child care group settings, but is missing from this regulation relating to schools.

Response

The Department agrees with this comment, and has added the disease to the regulation.

Comment

The Department should clearly define what adults are affected by these sections. What does contact with pupils mean? Does a staff person who has contact with pupils mean only teachers and administrators, or does it also include custodians, cafeteria workers and bus drivers? The Department should develop a definition of "school employee" that indicates who is to be excluded from the definition, and who included in it. The Department could define a "school employee" as an individual employed by a school. This definition would include an independent contractor or employee, and would exclude an individual with no direct or routine interaction with students.

Response

The Department's use of the phrase, "staff having contact with children," is meant to include all persons present in the school to perform duties for the school—volunteers, employees and independent contractors—who come into contact with children. To clarify this for the public, the Department has added language to the regulations referencing volunteers, along with a general definition of "volunteer" in § 27.1.

Further, the Department has intentionally used the phrase "having contact with children" and has not qualified the contact as routine or indirect. The regulations include every person performing duties for the school, paid or unpaid, who has any contact with children. Even

a nonroutine or indirect contact of an infected person with a very young child, depending upon the circumstances of that contact, can and has caused severe illness in the child. If the school has knowledge of or a suspicion that the person has one of the diseases, infections or conditions included in the regulations, that person is to be excluded. This is necessary to prevent transmission of illness between staff, including volunteers, and the children. The illness in some cases, may result in death or serious disability.

Comment

It is not clear if volunteers are meant by the Department's use of the phrase "staff having contact with children," although the preamble to proposed rulemaking did say that they were. The regulations do not include the word "volunteer." Volunteers should not be included in these regulations, since these people are present at the school at different times throughout the school year. It would be difficult for school personnel to medically monitor these persons and comply with exclusion and readmission requirements that are more appropriately directed to students and to school employees. The Department should eliminate any requirement that volunteers be covered, but should include language that emphasizes the ability of the school staff to exclude these volunteers if a health risk is present.

Response

The Department has explained why volunteers are covered in prior responses to comments. The requirement under the regulations is, as the commentator has suggested, to exclude these persons if the school believes there is a health risk present. Once excluded, the individual cannot be readmitted unless the requirements of the regulation are followed.

Comment

Specific time frames for readmission are not mentioned under these diseases. If a specific time frame is satisfied, is it necessary to incur the expense of an additional doctor's visit? Wouldn't verification by a nurse or physician's assistant be satisfactory? This is more easily obtained and less expensive.

Response

The Department has not changed the proposed regulation in response to this comment. The text following most of the diseases listed in this section does include specific time frames for readmission running from a specific event in the course of the disease. The Department has provided a time frame for readmission for the remainder of the listed diseases predicated upon a specific event readily ascertainable which occurs in the course of the disease.

With respect to the comment asking whether verification of readmission criteria by a nurse or physician's assistant would be sufficient, the Department has already explained its reasons for requiring verification by a school nurse or physician in its response to general comments on this portion of the regulations relating to requirements for schools and child care group settings.

Section 27.72. Exclusion of children, and staff having contact with children, for showing symptoms.

This section requires exclusion of children and of staff having contact with children who are showing the symptoms listed.

Comments

The Department is to be commended for including language that is consistent with currently published National standards.

The Department should include diarrhea as a symptom permitting temporary exclusion of a pupil or staff person from a school or college to the extent the person may represent a communicable disease risk. The language would then be consistent with §§ 27.76(a)(3), 27.154(6) and 27.155(6) (relating to exclusion and readmission of children, and staff having contact with children, in child care group settings; restrictions on caregivers in a child care group setting; and restrictions on health care practitioners).

Response

The Department agrees with the latter comment and has added persistent diarrhea as a symptom for which exclusion is required.

Comment

A child who has a fever or is vomiting would have to be excluded under this section. This would require a child to be seen by a physician or school nurse whenever they have an upset stomach to be readmitted.

Response

The symptoms chosen by the Department to require exclusion were intended to be those that could be associated with a serious communicable illness of a child. For example, the Department requires exclusion of a child for a fever when the fever is equal to or greater than 102° F. The Department has changed the regulation to require exclusion for persistent vomiting rather than a single incident of vomiting for the reason raised by the commentator.

Comments

It is not practical to expect schools to keep abreast of what constitutes an unusual rate of absenteeism as published in the *Pennsylvania Bulletin*.

The term "periodically" in subsection (b), which states that the Department will periodically determine and publish what increase constitutes an unusual rate of absenteeism, is unclear. Will this be quarterly, annually or monthly? The Department should establish a time frame and say where the information will be published.

Response

The Department has deleted this statement from the regulation. A school may determine itself what constitutes an unusual rate of absenteeism, by a review of its records relating to absenteeism.

Comment

Subsection (b) requires schools to maintain records of exclusion of staff and students. This language is broad. Does a school have the authority to determine what an unusual rate of absenteeism is, and how often would it review its records to determine this rate? Development of guidelines and forms by the Department would be helpful to assist in these new recordkeeping duties. Will school districts be required to submit reports to the Department? The language implies this, but does not require it. The Department should clearly state that schools must submit the information, and specify the reporting process

Response

The regulation neither requires a school to submit records of exclusion or rates of absenteeism to the

Department, nor specifies regular review periods for the records. The Department does not want this information reported on a regular basis. The Department expects that when a school notices something unusual occurring with respect to the number of children being excluded or absent, the school will review its records, and notify the Department through the disease reporting process. There are no special forms for this report.

As stated previously, the Department, through this chapter, intends to obtain the widest variety of information available on possible outbreaks of disease. One possible avenue for this information is through absenteeism rates at schools. If the school fails to notice something unusual, it is possible that the Department could locate the outbreak through other reporting sources. It is also possible, however, that information from a school could provide the Department with early warning of a problem in the community.

Section 27.73. Readmission of excluded children, and staff having contact with children.

This section sets standards for readmission into a school of children, and staff having contact with children, who were excluded under §§ 27.71 and 27.72.

Comment

The first part of subsection (a) should be deleted, since the exclusion criteria that require health professional decision making are already included in the criteria for the specific conditions and symptoms.

Response

The Department has not changed the proposed regulation based on this comment. The Department believes the language is necessary for the clarity of the section.

Section 27.74. Readmission of exposed or isolated children, and staff having contact with children.

Section 27.75. Exclusion of children, and staff having contact with children, during a measles outbreak.

The Department received no comments on §§ 27.74 and 27.75. The Department has, however, revised these sections consistent with revisions it has made to other sections in Subchapter C. The Department has added language to both of these sections to ensure that volunteers are covered by their provisions, and has clarified that the Department is concerned with all staff having contact with children, as it has in the other sections in this part of Subchapter C.

Section 27.76. Exclusion and readmission of children, and staff having contact with children, in child care group settings.

This section includes exclusion and readmission criteria for children and staff in child care group settings.

Comment

How will staff and management in a child care group setting be able to screen and diagnose children for exclusion? How will they be able to report at the same level as a health care facility?

Response

The regulations do not require management and staff to diagnose diseases, infections and conditions. If management or staff suspect that a child in the child care setting has one of the diseases, infections or conditions listed in the regulations for which a child or staff person must be excluded, or is showing signs and symptoms of that disease, infection or condition, or if the parent or guard-

ian makes the child care group setting aware that the child has a disease, infection or condition for which the child must be excluded, then the child should be excluded. The same reasoning should be applied to staff. Readmission is contingent upon verification from a physician that the criteria for readmission have been satisfied.

The Department has revised subsection (b)(3) to clarify that the child care group setting must ensure that the condition which required exclusion has been resolved before the child may be readmitted.

Comment

Diarrhea should be deleted from the list of conditions that require physician approval for readmission to the child care group setting. A physician will determine whether there has been resolution of the condition by asking the patient if the symptoms have subsided. A child care operator can do this as well as a physician. The requirement for readmission should be retained, but physician approval should not be required.

Response

The Department has changed the wording of subsection (a)(3) to require physician approval only if persistent diarrhea occurs. Since persistent diarrhea is most likely an indication of disease, unlike the incidence of sporadic diarrhea, the Department believes that a physician's approval is necessary to determine the nature of the disease and its resolution. Further, physician verification is required under this subsection when diarrhea is coupled with other symptoms or circumstances. Both together are evidence of serious illness, rather than a minor stomach condition.

Comment

The requirement in subsection (a)(3) that a person be excluded for diarrhea when associated with an identified bacterial or parasitic pathogen is too broad. Children and staff who are carriers of *Giardia lamblia* do not need to be excluded from child care. Similarly, asymptomatic children with salmonella other than *S. typhi* in their stools do not need to be excluded.

Response

The Department has not changed the proposed regulation in response to this comment. The presence of a bacterial or parasitic pathogen is only cause for exclusion under subsection (a) when it is coupled with persistent diarrhea. (The Department has changed the term "diarrhea" to "persistent diarrhea" to evidence a serious illness, as has been discussed.) Therefore, asymptomatic children would not be excluded under this provision; the only children who would be excluded would be children who had a persistent symptom. The persistent symptom, diarrhea, particularly when it occurs among very young children, can easily transfer infection by hand-to-mouth contact.

Comment

Subsection (a)(8) should say "influenzae" rather than "influenza." However, there is no reason to exclude children or staff members from a child care group setting for H. influenzae disease.

Response

The Department agrees, and has deleted the text of proposed subsection (a)(8). Cases are no longer infectious 24 hours after antimicrobial treatment begins. At that time, the child would pose no threat of infection to other children. Prior to treatment, the child will be obviously

ill, and will either be kept home by parents or guardians, or will fall under another exclusionary provision of the regulations.

Comments

Subsection (b)(3) requires a caregiver to screen every child for the presence of a condition that requires exclusion. This would require the caregiver, or a school perhaps, to screen for all diseases listed as well as symptoms. This is unreasonable, burdensome, costly and time consuming. This would require a child to be subjected to a daily medical examination. How would this be administered?

Does this mean a caregiver would have to screen a child every day for the presence of an exclusionary disease, or only if the child is suspected of having a disease?

The Department should clarify whether the caregiver is required to make an accurate diagnosis of the child's condition, or is to screen for symptoms of the child's condition.

Response

This subsection does not apply to schools. This subsection applies when children are returned to a child care group setting following an exclusion under the regulations. The Department realizes that the proposed paragraph reads otherwise, and has revised it so that it clearly applies only when a child is returned to a group care setting following an exclusion.

Comment

How will the caregiver report the presence of an exclusionary disease to the Department? Is there a form required by the Department? The Department must fully explain how to report.

Response

This section deals with exclusion and readmission of children and staff having contact with children in a child care group setting. Child care group settings are required to report diseases, infections and conditions under § 27.23. Reporting is done in accordance with § 27.4. The time frames in which reports must occur are included in § 27.21a. Further discussion concerning case reporting is included in the Department's responses to comments on § 27.4.

A person who has a question concerning the appropriate reporting requirements may call the Department's district office or the local health department in the area in which the person is located.

Section 27.77. Immunization requirements for children in child care group settings.

This section requires children in child care group settings to have certain immunizations, and sets standards for excluding those children from the setting for failure to obtain those immunizations.

Comment

The DPW governs the development, implementation and enforcement of regulations in this area. Operators of child care group settings will take the information provided by the Department relating to disease control and prevention in an effort to improve quality of care. The Department's regulations, however, conflict with standards being followed by home-based providers in the area of procedures involving matters such as communicable diseases.

Response

The Department has not changed the proposed regulation in response to this comment. Although the DPW may be the licensing agency for child care homes, the Department is the agency with the authority, delegated by the General Assembly, to prevent and control the spread of disease throughout this Commonwealth. The Department has the broad authority to take the necessary steps to prevent and control the spread of disease. The Department has worked and will continue to work with DPW to ensure that entities licensed by that agency are aware of reporting requirements.

Comment

There is no separate definition for schools or child care providers, rather, there is a single definition for child care group setting. Since the exemption provision in subsection (d) references schools, this implies that a child care group setting includes a school, unless specific exemptions are included in the language.

Response

Section 27.77 does not apply to schools. This is made clear under subsection (d). Regulations relating to exclusion of children from schools for failure to obtain immunizations already exist. See § 23.85 (relating to responsibilities of schools and school administrators) and 22 Pa. Code §§ 11.20 and 51.13 (relating to nonimmunized children; and immunization). There is no need to promulgate regulations twice on the same topic.

Comment

The documentation of vaccination status under subsection (a) would impose a heavy administrative burden on the child care group setting, and would require a level of expertise that cannot be met with the resources currently available to child care group settings. These settings do not have health professionals available to help with immunization record checks.

Response

The Department has not changed the proposed regulation in response to this comment. The Department must monitor to ensure that child care group settings are complying with the regulations, so that children within those settings are adequately protected from disease. The burden should be small on many child care group settings, since group child day care facilities licensed by DPW already are required to do health screening under DPW regulations, and report to DPW concerning vaccination status. See 55 Pa. Code §§ 3280.1—3280.221. These regulations require that a facility licensed by DPW conduct a health assessment of each child according to guidelines set by the American Academy of Pediatrics (AAP), and that a report be written that includes, among other things, a review of the child's immunization status according to AAP standards. See 55 Pa. Code § 3280.131(b), (c) and (d)(5). Therefore, child care group settings should have little difficulty in complying with the Department's regulations requiring documentation of a child's vaccination status.

Comment

The Department should consider using our software product to gather and track immunization information to other child care group settings not now under surveillance, as DPW does for its purposes.

Contrary to the Department's assessment in the preamble to proposed rulemaking of additional resources needed to implement the regulations, it will require

additional resources to run immunization reviews in child care settings. The commentator is moving with DPW to require the full set of DPW's required forms from facilities. DPW has been working on this for years. Interfering with this careful groundwork and already operational system would be wasteful and regressive.

The commentator recommends that the Department and DPW work together collaboratively to develop, support and internalize existing systems of medical record checking that includes all recommended preventive health services (vaccinations and screening tests) as is now done by the commentator's software package.

Further, the child care facilities that must report under these regulations do not have resources available to perform these recording and reporting functions. Implementing the regulations will require the use of software that can apply complex decision rules about when vaccine should be received at varying ages, and that can track this information. The commentator has developed tools to help accomplish this.

Response

The Department declines to discuss the appropriateness of a particular software product in the context of its regulations. Any comment made by the Department could be viewed as circumventing the established bidding process for products and services, if one is instituted. The Department is currently incorporating a Statewide immunization information system into public clinic sites, and the information gathered through this regulation will be part of that system. This system will enable certain approved health care providers to easily access a child's immunization history, hopefully preventing unnecessary vaccinations, and facilitating the updating of a child's immunizations. For the present time, however, this immunization record will continue to be a paper record.

Comment

Subsection (a)(4) requires the caregiver to update certificates of immunization periodically. The term "periodically" is unclear. The Department should include a time frame.

Response

The Department is requiring certificates of immunization to be updated when new information regarding immunization is obtained. The Department has revised subsection (a)(4) to reflect this provision.

Comment

The Advisory Committee on Immunization Practices (ACIP) standards cited by the Department were superseded on January 1, 1999. New recommendations are made each January. The existing the DPW section references the existing standard, and therefore requires no revision.

Response

The Department has not changed the proposed regulation in response to this comment. The Department has accepted the standards in place on January 1, 1999, not the recommendations for immunization based upon those standards. Subsection (b)(2) states that the Department will deem an ACIP recommendation pertaining to the immunization of children to satisfy the standards of the subsection unless ACIP eliminates a standard and the recommendation is issued under the altered standards. This means that if ACIP recommends a new immunization in January of 2002, as long as that immunization

meets the standards set in subsection (b)(1), children in child care group settings are required to have that immunization.

Subchapter D. SEXUALLY TRANSMITTED DISEASES, TUBERCULOSIS AND OTHER COMMUNICABLE DISEASES.

Section 27.84. Examination for a sexually transmitted disease of persons detained by police authorities.

This section tracks section 8(a) of the act (35 P. S. § 521.8(a)) and sets standards for requiring persons detained by police authorities to be tested for sexually transmitted diseases.

Comment

Subsections (a) and (b) state that if a person refuses to undergo an examination or submit a specimen, the Department or a local health authority may take judicial action to secure an appropriate remedy. What does the phrase "appropriate remedy" mean?

Response

The phrase, when taken in conjunction with the previous phrase, means that the Department or a local health authority may ask a court of competent jurisdiction for a variety of relief. It may petition, as provided for in sections 7 and 11 of the act (35 P. S. §§ 521.7 and 521.11), for an order requiring examination, and, if necessary, treatment. It may prosecute the individual under section 20 of the act (35 P. S. § 521.20). It may petition the court for any appropriate remedy to allow it to enforce the requirements of the act, which require an individual taken into custody and charged with a crime involving lewd conduct or a sex offense, or any person to whom the jurisdiction of a juvenile court attaches, to be examined for a sexually transmitted disease. See 35 P. S. § 521.8. The Department will determine the appropriate remedy to pursue, if any, depending upon the case. Since the matter would be before a court, the individual against whom the petition is filed would have the opportunity to challenge the Department's requested relief. The relief granted will ultimately be up to the court.

Section 27.87. Refusal to submit to treatment for communicable diseases.

This section sets out the actions the Department may take if a person refuses to submit to treatment for a communicable disease. It is based on section 11 of the act.

Comment

The Department should revise the second sentence of subsection (b), as it is long and complex.

Response

The second sentence of subsection (b) reads as follows: "Upon the filing of a petition, the court shall, within 24 hours after service of a copy upon the respondent, hold a hearing without a jury to ascertain whether the person named in the petition has refused to submit to treatment." The Department believes that this sentence is clear as it is written.

Comment

Subsection (b) states that the Department or a local health authority may file a petition in the court of common pleas of the county in which the person resides asking the court to commit the person to "an appropriate institution." What is "an appropriate institution?"

Response

The type of institution appropriate for quarantining an individual will depend upon the person, the type of

disease in question, and the availability of places to which the person may be committed. For example, for one case of multidrug resistant tuberculosis, when the individual involved was known to have drug and alcohol problems, the Department recommended to the court that the individual be sent to a drug and alcohol abuse treatment facility. The Department could recommend that the individual be placed in a hospital, or the individual's home, or some other type of institution, depending upon the circumstances and the available resources. The Department, or a local health authority, may recommend a type of institution for commitment, however, the court must approve that placement. The individual does have the opportunity before that court to object to the Department's or local health authority's recommendation. A copy of the petition must be served on the individual who is the subject of the petition. See 35 P. S. § 521.11(a.2).

Section 27.89. Examinations for syphilis.

This section includes standards for examinations for syphilis. Subsection (a) requires testing in the third trimester of pregnancy when the woman resides in a county where the annual rate of infectious syphilis is at a rate of syphilis occurring in a given population for which the CDC has determined it is cost-effective to require special precautions. Subsections (b) and (c) require testing of a woman who has had a live or stillbirth under the same circumstances.

The Department has added language to subsection (a)(1) to clarify that it is the person attending the pregnant woman who is to explain the importance of the syphilis test, and not the laboratory technician seeking to draw her blood.

Comment

In subsections (a)—(c), the Department has stated that it will publish in the *Pennsylvania Bulletin*, as necessary, the rate of syphilis at which the CDC determines it is cost-effective to require special precautions. What is the purpose of publishing the rate of syphilis? What criteria will be used to determine when it is necessary to publish the rate of syphilis?

Response

The purpose of publishing this rate in the *Pennsylvania Bulletin* is to alert health care providers that a syphilis test is required to be done in their county based on the rates at which the CDC has determined that it is cost-effective to require special precautions. To make it easier for physicians, the Department has stated in the section that, rather than publishing the rate determined by the CDC, the Department will publish a list of the counties in which that rate occurs. Reporting is only required in those counties where the annual rate of infectious syphilis is equal to or greater than the rate determined by the CDC.

At the present time, only Philadelphia has a rate of syphilis above the CDC-established rate. Therefore, these specific requirements will only apply to Philadelphia at the present time. This standard enables the Department to broaden surveillance to prevent congenital syphilis in the event the established CDC rate is exceeded elsewhere.

Section 27.96. Diagnostic tests for sexually transmitted diseases.

This section sets standards for tests used to determine the presence of a sexually transmitted disease.

Comment

This section should be deleted, since a separate section for standards is not required. Diagnostic tests for all diseases should be done following standard or approved test procedure, including using Food and Drug Administration approved tests when applicable.

Response

The Department has not changed the proposed regulation in response to this comment. The act requires that the standard or approved test procedures for each of the sexually transmitted diseases be a test approved by the Department, and that if a laboratory test is part of the approved procedure, it should be done in a laboratory approved by the Department to make the tests. See 35 P.S. § 531.12.

Section 27.97. Treatment of minors.

This section includes language from section 14.1 of the act (35 P.S. § 521.14a) and section 3 of the act of February 13, 1970 (P.L. 19, No. 10) (35 P.S. § 10103), both of which provide for a minor to give effective consent for certain medical and health services without the consent of any other person. Section 14.1 of the act and section 5 of the act of February 13, 1970 (35 P.S. § 10105) also state that a physician who provides treatment under the given circumstances is not liable for properly administering appropriate treatment to the minor.

Comment

The Department should add language to this section defining health services to include venipuncture and clinical laboratory testing. The section should also state that a laboratory may not be sued or held liable for venipuncture or testing services if the minor consents.

Response

The Department has not changed the proposed regulation in response to this comment. Under statute, a minor can give consent for "medical and health services to determine the presence of or to treat pregnancy, and venereal disease and other diseases reportable under the [act] . . ." (35 P.S. § 10103). Since neither the Department nor local health authorities enforce this statutory provision, it is up to the individual health care provider to determine whether the phrase, "to determine the presence of" would include venipuncture and laboratory testing, so that consent of a minor would be sufficient. The Department cannot provide clinical laboratories with immunity through regulation. Only the General Assembly can grant immunity, which it has done in this case to physicians who act appropriately under the statute, and provide appropriate treatment. See 35 P.S. §§ 521.14a and 10105. The legislature has not seen fit to extend that immunity to clinical laboratories.

Comment

This section raises serious concerns. The regulations the Department is amending allow for consent for treatment for venereal disease, however, these regulations broaden it to all communicable diseases. A minor could give consent to a cancer workup without parental consent. The Department must be cognizant of parental rights. There should be further legal review of this section.

Response

Further legal review is unnecessary. The General Assembly has already directed through the act of February 13, 1970 (P.L. 19, No. 10) (35 P.S. §§ 10101–10105) that

a minor may consent to medical and health services for pregnancy, sexually transmitted diseases, and other diseases reportable under section 3 of the act of February 13, 1970, or when an attempt to secure consent would result in delay of treatment which would increase the risk to the minor's health under section 4 of the act of February 13, 1970 (35 P.S. § 10104). The regulation tracks these statutes. The Department has not changed the proposed rulemaking.

Section 27.98. Prophylactic treatment of newborns.

This section requires the application of certain medications to the eyes of a newborn child, unless the parent or guardian objects for religious reasons.

Comment

The Department should add "or if in the opinion of the attending physician treatment is not advisable," before the phrase "prophylactic treatment shall be withheld."

Response

The Department agrees with the comment. The addition of the language is necessary to take into account the health and safety of the newborn. The Department has added the language to the regulation.

Section 27.99. Prenatal examination for hepatitis B.

Subsection (a) requires a pregnant woman to undergo immunologic testing for the presence of hepatitis B antibodies, but permits her to object to the testing on religious grounds. Subsection (b) requires that, if the mother tests positive for hepatitis B surface antigens, the baby receive prophylactic treatment, and again provides a religious exemption.

Comment

The Department should delete the religious exemption from subsection (b). No parent has ever expressed a religious objection to treating the infant for exposure to its mother's hepatitis B to prevent chronic disease in the infant. It seems unlikely that this could be challenged in court.

Response

The Department has not changed the proposed regulation in response to this comment. The fact that the commentator is not aware of the challenge of any parent or guardian to this treatment of the newborn does not mean that a parent or guardian does not have the right to reject medical care for the child. The Department must take that right into account in writing its regulations, and cannot mandate the treatment of the infant in this instance. The regulation does not prevent the hospital or attending physician from challenging the objection of the parent or guardian in a court of law, if they feel it is necessary to do so.

Subchapter E. SELECTED PROCEDURES FOR PREVENTING DISEASE TRANSMISSION.

Section 27.151. Restrictions on the donation of blood, blood products, tissue, sperm and ova.

This section sets standards for the donation of certain materials from the human body.

Comment

In subsection (a), the Department should add the words "or suspected" to the phrase "a person known to be infected with the causative agent of a reportable disease"

Response

The Department agrees with this recommendation, and has added the words "or suspected of being" to the regulation.

Comment

In subsection (b), the Department should add "from a person known or suspected of being infected with the causative agent of a reportable disease" before "for donation" and "and" before "without obtaining." If the donor who has the infection is prohibited from donating, the receiving agency should also be prohibited from accepting the donation. Screening tests will prevent donations from persons with HIV, hepatitis B and C, but from none of the other diseases.

Response

The Department agrees with the comment, and has added the recommended language "from a person known or suspected of being infected with the causative agent of a reportable disease."

Section 27.152. Investigation of cases and outbreaks.

This section states that the Department or a local health authority may investigate any case or outbreak that either believes is a potential threat to the public health. It also requires cooperation with the investigator from health care practitioners, facilities, other institutions and the public, provided that the representative presents documentation establishing that he is an authorized representative.

Comment

What type of documentation is required to establish that the person is an authorized representative of the Department or a local health authority? Is a name tag sufficient to meet this requirement?

Response

An official form of Department or local health authority identification would be sufficient. Department staff have photo identification cards, but do not wear name tags. A letter bearing official signatures would also be sufficient. For example, Department staff will often carry a letter from the Secretary of Health on Department stationery when attempting to require compliance with a drug treatment regimen for tuberculosis. Any method which clearly establishes that the person performing the investigation is a representative of the Department or a local health authority is acceptable.

Section 27.153. Restrictions on food handlers.

This section limits the ability of persons with the listed diseases or conditions to work as food handlers.

Comment

The Department should reconcile the requirements of this section and of § 27.154 (relating to restriction on caregivers in a childcare group setting) with the CDC's *Personnel Health Guidelines* that specifically deal with the prevention of nosocomial transmissions of selected infections. In particular, the Department should reconcile the differences with respect to hepatitis A and diarrhea.

Response

The Department has not changed the proposed regulations to address this comment. The guidelines referred to by the commentator were crafted for hospital settings and are concerned with nosocomial transmissions of disease. The Department sees no conflict between its regulations, drafted to meet more general public health requirements,

and those guidelines. The Department is available to provide guidance on these issues as is necessary.

Comment

The use of the term "diarrhea" in this section and § 27.154 is outdated. That term should be replaced with the term "gastroenteritis."

Response

The Department has not changed the proposed regulation in response to this comment. The term "diarrhea" most accurately describes the symptom with which the Department is concerned. The term "gastroenteritis" is a general description of a variety of illnesses, and does not convey the need for a demonstrative symptom which may be measured.

Comment

The Department should add "or paratyphi" after "typhi" in paragraph (4). The same revision should be made to § 27.154 and § 27.155 (relating restrictions on health care practitioners).

Response

The Department agrees that paratyphi should be added to paragraph (4) of each of these three sections. The Department has revised all three sections accordingly.

Section 27.154. Restrictions on caregivers in a child care group setting.

This section limits the ability of persons with the listed diseases or conditions to work as caregivers in a child care group setting.

Comment

Diarrhea should be deleted from the list of conditions that require physician approval for readmission to the child care group setting. A physician will determine whether there has been resolution of the condition by asking the patient if the symptoms have subsided. A child care operator can do this as well as a physician. The requirement for readmission should be retained, but physician approval should not be required.

Response

The Department has not changed the proposed regulation to address this comment. The Department has addressed the comment in its response to a similar comment on § 27.76.

Section 27.155. Restrictions on health care practitioners.

This section limits the ability of persons with the listed diseases or conditions to work as health care practitioners.

Comment

The Department should provide education sessions regarding disease reporting across this Commonwealth. There are differences in how various local health authorities and other health departments work with health care practitioners and health care facilities in disease reporting, the presence or absence of a county health department dictates the way diseases are reported, and special requirements for certain diseases exist. It would be beneficial for the Department to discuss its plans regarding electronic reporting, to review the forms required, and to provide contacts and telephone numbers for each county as appropriate.

Response

The Department agrees that education regarding disease reporting would be beneficial, to reacquaint practi-

tioners and facilities with disease reporting requirements. The Department will provide a list of LMROs, which will include the county/municipal health departments, upon request. A more detailed discussion of the Department's plans regarding electronic reporting is included in its response to the general comments on these regulations.

Comment

The Department should include a hospital-based infection control practitioner on the Department's task forces or on the Board to ensure that the perspective of health care facilities are considered and addressed.

Response

The members of the Board are appointed by the Governor, and, by statute, must fall within certain specified categories. The Board is to be comprised of 13 members, including the Secretary of Health, five of whom must be physicians, one a dentist, one a pharmacist, one a registered nurse and one an engineer. See section 448 of The Administrative Code of 1929 (71 P. S. § 158). The Department agrees that an individual with experience in facility-based infection control could be an asset to the Board, and will consider recommending such an individual to the Governor for appointment once an appropriate vacancy occurs.

The Department does, however, have doctorate level staff, including physicians, with expertise in infectious disease control. These persons do discuss issues with hospitals and their infectious disease staff.

Comment

Is there a more comprehensive way to describe a potentially infectious case of diarrhea versus a 1 day condition due to a known strain of influenza than the language in paragraph (6)? Paragraph (6) also suggests that an evaluation by a physician is necessary for readmission to work as a health care practitioner. The Department may wish to consider defining the term "resolved."

Response

The Department's intent was to address only potentially infectious diarrhea in this section, and in §§ 27.153 and 27.154. Therefore, the Department has changed the listed condition to "persistent diarrhea" to clarify this intent.

Section 27.158. Special requirements for shigellosis.

This section prohibits household contacts of persons with shigellosis who have certain employment that could expose others to the disease from performing that work until the requirements of the section are met.

Comment

The Department should define the term "household contact" or provide examples.

Response

The Department has added a definition of "household contact" to the definition section of the regulations. The term is intended to apply to any person living in the same residence as a case, whether or not the individual is related.

Section 27.161. Special requirements for tuberculosis.

This section includes standards for the isolation of persons with tuberculosis, and requirements for testing close human contacts of that person.

Comment

Subsection (b) defines a close human contact as a person who spends a substantial amount of time with the person who has infectious tuberculosis. The term "substantial" should be deleted, and a specific time frame included.

Response

There are no definite guidelines published by the CDC on time frames for determining who is a "close contact." Further, what constitutes "substantial" could differ depending upon who the other individuals are and the circumstances surrounding the case. For example, a young child is more susceptible to contracting tuberculosis than an older person, and less time in contact with the infected individual could be necessary for a child to contract the disease. Therefore, it would be impossible to specify a definite time frame in the regulations. "Substantial," as used in this section, means anything more than casual contact. However, the Department must be able to determine who are close human contacts and who are casual contacts on a case-by-case basis, based on the characteristics of the individuals and the circumstances surrounding the contact.

Subchapter F. MISCELLANEOUS PROVISIONS

Section 27.183. Occurrence of psittacosis.

This section requires certain disease prevention and control measures to occur when a case of psittacosis is found in humans or in birds.

Comment

The Department should add a subsection (c) that states:

"A bird with psittacosis that has been placed under quarantine may not be sold or removed from its isolation quarters until it has been treated for at least 7 days. After 7 days, it may be sold, but the buyer must be made aware in writing with a signed receipt of the significance of psittacosis and the signs and symptoms for which to look. The signed receipt paperwork will include a copy of any documents provided to the new owner, and will be maintained at the place of sale for 6 months after the sale of the quarantined bird. The duration of additional treatment necessary must be established at the time of sale, and a supply of medicated feed sufficient for the duration of the treatment must be provided to the new owner."

Response

The Department agrees with this recommendation, and has added the language. This requirement is a National practice standard relating to psittacosis, and has been added to the CDC's compendium on psittacosis.

Section 27.201. Disposition of articles exposed to contamination.

This section includes requirements for the disposition of bedding, clothing or other articles that have been exposed to contamination from specific communicable diseases.

Comments

The Department should explain why it has deleted certain diseases and added others to this section.

The Department should retain references to smallpox (variola, varioloid) in this section, since there is the possibility of a bioterrorist attack using this infectious agent.

Response

The Department agrees with the latter comment, and has reinstated references to smallpox (variola, varioloid) into this section. Because the Department is not deleting any diseases from the section, no further response to the first comment is necessary.

Comment

The Department should explain or reference what a proper precaution to be taken is when there is a transmission of articles that have been contaminated.

Response

Appropriate precautions to be taken to decontaminate articles exposed to smallpox, plague or anthrax so that they may be safely transmitted from one person to another depend upon the circumstances of the case, including the type of disease involved and the manner in which it is spread. The Department and local health authorities do not expect individuals to determine what these appropriate precautions are. The Department will make recommendations concerning what type of precautions are necessary on a case by case basis.

Section 27.202. Lease of premises occupied by a person with a communicable disease.

This section includes requirements for renting out a room, house or part of a house in which a person with a communicable disease has been.

Comment

The Department has deleted from this section language that requires these places to be cleaned to the Department's satisfaction. What is the standard of cleanliness that must now be met?

Response

The Department agrees that the original standard provided more guidance than the proposed regulation, and has retained the language it had proposed to delete from this section.

Section 27.203. Preparation for burial or transportation of deceased human bodies.

This section requires persons handling deceased human bodies to take appropriate precautions to prevent the spread of communicable diseases.

Comment

The statement that appropriate precautions should be taken is vague. The Department should give examples of appropriate precautions in the final form regulations.

Response

The Department agrees that there is a need for more explicit standards in this section, and has retained the language it had proposed to delete.

CHAPTER 211. PROGRAM STANDARDS FOR LONG-TERM CARE NURSING FACILITIES*Section 211.1. Reportable diseases.*

This section lists communicable diseases that long-term care nursing facilities are required to report. The Department is amending this section as has been previously discussed in commentary on § 27.21a.

C. Affected Persons

The amendments impact on health care providers, health care practitioners, clinical laboratories, health care facilities and child care group settings in this Commonwealth. The amendments also impact on local health

authorities, including the ten county/municipal health departments. These entities shall comply with the updated disease reporting procedures, which are not, however, significantly different from current reporting requirements.

Additionally, every citizen in this Commonwealth is affected by the amendments as each will benefit from a reduced risk of exposure to, and resulting morbidity and mortality from, infection with the more than 50 reportable diseases, infections and conditions.

All reporters will be affected by the Department's phasing in of an electronic reporting system. Reporting electronically will make reporting easier and more efficient, and, since reporting software and training will be provided at no cost to the Department, will not increase reporting costs for providers.

D. Cost and Paperwork Estimate

The amendments will have no measurable fiscal impact on the Commonwealth, local government, the private sector or the general public because the disease reporting system already exists in this Commonwealth. In fact, the application of Nationally accepted state-of-the art public health practices and communicable disease prevention and control strategies within this Commonwealth should create savings in related health care costs each year. The regulated community and local governments will see a benefit directly proportional to the numbers and types of disease cases prevented, thereby reducing community health care costs. This Commonwealth will also benefit in an amount directly proportional to the numbers and types of disease cases and disease outbreaks prevented, thereby greatly reducing State government health care costs.

The amendments fine-tune an already existing disease reporting system in this Commonwealth and will not result in additional paperwork. Newly listed reportable diseases, infections and conditions will be reported and investigated in a manner similar to the reporting and investigation of currently listed diseases, infections and conditions, using National case-definitions and investigation forms provided by the CDC.

E. Statutory Authority

The Department's overarching authority to promulgate these regulations is found in the act. Section 16(a) of the act gives the Board the authority to issue rules and regulations on a variety of matters relating to communicable and noncommunicable diseases, including the following: the diseases that are to be reported; the methods of reporting diseases; the contents of reports; the health authorities to whom diseases are to be reported; the control measures that are to be taken with respect to different diseases; the enforcement of control measures; the immunization and vaccination of persons and animals; the prevention and control of disease in public and private schools; the treatment of sexually transmitted diseases, including patient counseling; and any other matters the Board may deem advisable to address for the prevention and control of disease and for carrying out the provisions and purposes of the act. Section 16(b) of the act gives the Secretary of Health the authority to review existing regulations and make recommendations to the Board for changes the Secretary considers to be desirable.

There is also legislative authority for specific provisions of the regulations in other statutes. First, section 2102(g) of The Administrative Code of 1929 (code) (71 P.S. § 532(g)) provides general authority for the Department to promulgate its regulations.

Section 2106(a) of the code (71 P. S. § 536(a)) provides the Department with additional authority to declare diseases to be communicable, and to establish regulations for the prevention and control of disease. Section 2106(b) of the code (71 P. S. § 536(b)) provides the Department with the authority to establish and enforce quarantines to prevent the spread of disease, and section 2106(c) of the code gives the Department the authority to administer and enforce the laws of the Commonwealth with respect to vaccination and other means of preventing the spread of communicable disease.

Section 2111(b) of the code (71 P. S. § 541(b)) provides the Board with additional authority to promulgate regulations deemed by the Board to be necessary for the prevention of disease, and for the protection of the lives and the health of the people of this Commonwealth. That section further provides that the regulations of the Board shall become the regulations of the Department.

Section 2111(c.1) of the code also provides the Board with the authority to make and revise a list of communicable diseases against which children are required to be immunized as a condition of attendance at any public, private or parochial school, including kindergarten. The section requires the Secretary to promulgate the list, along with any rules and regulations necessary to ensure the immunizations are timely, effective, and properly verified. The regulations that primarily carry out this responsibility are in Chapter 23, Subchapter C (relating to immunization).

Other statutes speak to the Department's authority to promulgate regulations in relation to specific diseases, infections or conditions. The Newborn Child Testing Act (35 P. S. §§ 621—625) provides the Department with the authority to promulgate regulations listing reportable diseases and conditions in the newborn child, and setting out the operation of a program of screening, follow-up, assessment and diagnosis of newborn children for those reportable diseases and conditions. See 35 P. S. §§ 623 and 625. The Pennsylvania Cancer Control, Prevention, and Research Act (35 P. S. §§ 5631—5637) authorizes the Department to create a cancer registry to which persons in charge of hospitals and laboratories shall report cases of cancer in accordance with rules and regulations adopted by the Department with the advice of the Pennsylvania Cancer Control, Prevention and Research Advisory Board. See 35 P. S. § 5636(b). This legislation has been impacted by Federal legislation which was enacted in 1992, and which requires complete reporting of cancer cases to be made by all health care practitioners, and all hospitals or other facilities providing screening, diagnostic or therapeutic services to patients with respect to cancer. See 42 U.S.C.A. §§ 280e and 280e-1—280e-4. The act of March 3, 1972 (P. L. 102, No. 37) (35 P. S. §§ 1071—1077), known as the Turtle Law, provides the Department with the authority to prohibit a person from bringing, causing to be brought or transporting any live turtle into this Commonwealth, unless the turtle or lot of turtles is accompanied by a permit issued by the Department or another agency authorized by the Department to issue a permit. The permit may only be issued if there is adequate biological proof that the turtles are free from salmonella. The same permit is required when the turtles originate within this Commonwealth.

Several statutes provide the Department with authority to command disease prevention and control measures within certain institutions. Section 803 of the Health Care Facilities Act (35 P. S. § 448.803) provides the Department with the authority to promulgate regulations

relating to the licensure of health care facilities, and allows the Department to require certain actions relating to disease control and prevention to occur within health care facilities. Articles IX and X of the Public Welfare Code (62 P. S. §§ 901—922 and 1001—1059), which provide the Department with the authority to license inpatient drug and alcohol abuse treatment facilities, play the same role with respect to the Department's ability to require certain disease prevention and control methods in those facilities.

The Public School Code of 1949 (24 P. S. §§ 1-101—26-2606-B), provides the Department with additional authority for disease prevention and control actions taken within schools. Section 1421(c)(2) of the Public School Code of 1949 (24 P. S. § 14-1421(c)(2)), provides the Secretary of Health, in consultation with the Secretary of Education, with the authority to promulgate regulations implementing the school health program. The requirements of the school health program are set out in Article XIV of the Public School Code, and provide, among other things, that pupils are released from compulsory attendance when they are prevented from attending by the health laws of the Commonwealth (24 P. S. § 14-1417), and that no persons having any form of tuberculosis in a transmissible stage may be a pupil, teacher, janitor or any other employee in a school, unless it is a special school. See 24 P. S. § 14-1418. Section 1303a of the Public School Code (24 P. S. § 13-1303a) provides that the Board will make and review a list of diseases against which children must be immunized, as the Secretary may direct, before being admitted to school for the first time. The section provides that the school directors, superintendents, principals or other persons in charge of any public, private, parochial or other school including kindergarten, shall ascertain whether the immunization has occurred, and certificates of immunization will be issued in accordance with rules and regulations promulgated by the Secretary with the sanction and advice of the Board. Most of the regulations carrying out these responsibilities are set forth in Chapter 23.

F. Effectiveness/Sunset Dates

These final-form regulations will become effective upon final publication in the *Pennsylvania Bulletin*. No sunset date has been established. The Department will continually review and monitor the effectiveness of these regulations.

G. Regulatory Review

Under section 5(a) of the Regulatory Review Act (71 P. S. § 745.5(a)), on December 8, 1999, the Department submitted a copy of notice of proposed rulemaking published at 30 Pa.B. 2715 to IRRC and the Chairpersons of the House Health and Human Services Committee and the Senate Public Health and Welfare Committee for review and comment.

In compliance with section 5(c) of the Regulatory Review Act, the Department also provided IRRC and the Committees with copies of all comments received, as well as other documentation.

In compliance with section 5.1(a) of the Regulatory Review Act (71 P. S. § 745.5a), the Department submitted a copy of the final-form regulations to IRRC and the Committees on November 26, 2001. In addition, the Department provided IRRC and the Committees with information pertaining to commentators and a copy of a detailed regulatory analysis form prepared by the Department in compliance with Executive Order 1996-1, "Regulatory Review and Promulgation." A copy of this material is available to the public upon request.

In preparing these final-form regulations, the Department has considered the comments received from IRRC, the Committees and the public.

These final-form regulations were deemed approved by the House Health and Human Services Committee and the Senate Public Health and Human Services Committee on December 17, 2001. IRRC met on December 20, 2001, and approved the regulations in accordance with section 5.1(e) of the Regulatory Review Act. The Attorney General approved the regulations on January 9, 2002.

H. Contact Person

Questions regarding these regulations may be submitted to: James T. Rankin, Jr., D.V.M., M.P.H., Ph.D., Director, Division of Communicable Disease Epidemiology, Department of Health, P. O. Box 90, Harrisburg, PA 17108, (717) 787-3350. Persons with disabilities may submit questions in alternative formats such as audio tape, Braille or by using V/TT (717) 783-6514 for speech and/or hearing impaired persons or the Pennsylvania AT&T Relay Service at (800) 654-5984[TT]). Persons who require an alternative format of this document may contact Dr. Rankin at the address or telephone numbers listed in this preamble so that necessary arrangements may be made.

I. Findings

The Department and the Board find that:

(1) Public notice of the intention to adopt the regulations adopted by this order has been given under sections 201 and 202 of the act of July 31, 1968 (P. L. 769, No. 240) (45 P. S. §§ 1201 and 1202), and the regulations thereunder, 1 Pa. Code §§ 7.1 and 7.2.

(2) A public comment period was provided as required by law and all comments were considered.

(3) The adoption of the final-form regulations in the manner provided by this order is necessary and appropriate for the administration of the authorizing statutes.

J. Order

The Department and the Board, acting under the authorizing statutes, order that:

(a) The regulations of the Department, 28 Pa. Code Chapter 27, are amended by adding §§ 27.5a, 27.6—27.8, 27.21a, 27.24a, 27.33—27.35, 27.41a, 27.42a, 27.43a, 27.60, 27.76, 27.77, 27.99 and 27.151—27.164; by amending §§ 27.1—27.4, 27.21—27.23, 27.29—27.31, 27.61, 27.65—27.69, 27.71—27.75, 27.81—27.85, 27.87—27.89, 27.95—27.98, 27.181, 27.183, 27.191, 27.192, 27.201, 27.202, 27.204 and 211.1; and by deleting §§ 27.5, 27.24—27.28, 27.32, 27.41—27.47, 27.51, 27.62—27.64, 27.86, 27.90—27.94, 27.101—27.146, 27.184 and 27.205 to read as set forth in Annex A.

(b) The Secretary of Health shall submit this order and Annex A to the Office of General Counsel and the Office of Attorney General for approval as required by law.

(c) The Secretary of Health shall submit this order, Annex A, and a Regulatory Analysis Form to IRRC, the House Committee on Health and Human Services and the Senate Committee on Public Health and Welfare for their review and action as required by law.

(d) The Secretary of Health shall certify this order and Annex A and deposit them with the Legislative Reference Bureau as required by law.

(e) This order shall take effect upon publication in the *Pennsylvania Bulletin*.

ROBERT S. ZIMMERMAN, Jr.,
Secretary

Fiscal Note: Fiscal Note 10-156 remains valid for the final adoption of the subject regulations.

(*Editor's Note:* For the text of a notice pertaining to this rulemaking, see 32 Pa.B. 539 (January 26, 2001).)

Annex A

TITLE 28. HEALTH AND SAFETY

PART III. PREVENTION OF DISEASES

CHAPTER 27. COMMUNICABLE AND NONCOMMUNICABLE DISEASES

Subchapter A. GENERAL PROVISIONS

§ 27.1. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

ACIP—The Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, United States Department of Health and Human Services.

* * * * *

Caregiver—The entity or individual responsible for the safe and healthful care or education of a child in a child care group setting.

* * * * *

Case—A person or animal that is determined to have or suspected of having a disease, infection or condition.

Case report form—The form designated by the Department for reporting a case or a carrier.

Central office—Department headquarters located in Harrisburg.

Child—A person under 18 years of age.

Child care group setting—The premises in which care is provided at any one time to four or more children, unrelated to the operator.

Clinical laboratory—A laboratory for which a permit has been issued to operate as a clinical laboratory under the Clinical Laboratory Act (35 P. S. §§ 2151—2165).

Communicable disease—An illness which is capable of being spread to a susceptible host through the direct or indirect transmission of an infectious agent or its toxic product by an infected person, animal or arthropod, or through the inanimate environment.

Communicable period—The time during which an etiology agent may be transferred directly or indirectly from an infected person to another person, or from an infected animal to a person.

Contact—A person or animal known to have had an association with an infected person or animal which presented an opportunity for acquiring the infection.

* * * * *

District office—One of the district headquarters of the Department located within this Commonwealth.

Health care facility—

(i) A chronic disease, or other type of hospital, a home health care agency, a hospice, a long-term care nursing facility, a cancer treatment center using radiation therapy

on an ambulatory basis, an ambulatory surgical facility, a birth center, and an inpatient drug and alcohol treatment facility, regardless of whether the health care facility is operated for profit, nonprofit or by an agency of the Commonwealth or local government.

(ii) The term does not include:

(A) An office used primarily for the private practice of a health care practitioner.

(B) A facility providing treatment solely on the basis of prayer or spiritual means in accordance with the tenets of any church or religious denomination.

(C) A facility conducted by a religious organization for the purpose of providing health care services exclusively to clergy or other persons in a religious profession who are members of a religious denomination.

Health care practitioner—An individual who is authorized to practice some component of the healing arts by a license, permit, certificate or registration issued by a Commonwealth licensing agency or board.

Health care provider—An individual, a trust or estate, a partnership, a corporation (including associations, joint stock companies and insurance companies), the Commonwealth, or a political subdivision, or instrumentality (including a municipal corporation or authority) thereof, that operates a health care facility.

Household contact—A person living in the same residence as a case, including a spouse, child, parent, relation or other person, whether or not related to the case.

Infectious agent—Any organism, such as a virus, bacterium, fungus or parasite, that is capable of being communicated by invasion and multiplication in body tissues and capable of causing disease.

Isolation—The separation for the communicable period of an infected person or animal from other persons or animals, in such a manner as to prevent the direct or indirect transmission of the infectious agent from infected persons or animals to other persons or animals who are susceptible or who may spread the disease to others.

LMRO—Local morbidity reporting office—A district office of the Department or a local health department.

Local health authority—A county or municipal department of health, or board of health of a municipality that does not have a department of health. The term includes a sanitary board.

Local health department—Each county department of health under the Local Health Administration Law (16 P. S. §§ 12001—12028), and each department of health in a municipality approved for a Commonwealth grant to provide local health services under section 25 of the Local Health Administration Law (16 P. S. § 12025).

Local health officer—The person appointed by a local health authority to head the daily administration of duties imposed upon or permitted of local health authorities by State laws and regulations.

Medical record—An account compiled by physicians and other health professionals including a patient's medical history; present illness; findings on physical examination; details of treatment; reports of diagnostic tests; findings and conclusions from special examinations; findings and diagnoses of consultants; diagnoses of the responsible physician; notes on treatment, including medication, surgical operations, radiation, and physical therapy; and progress notes by physicians, nurses and other health professionals.

Modified quarantine—A selected, partial limitation of freedom of movement determined on the basis of differences in susceptibility or danger of disease transmission which is designated to meet particular situations. The term includes the exclusion of children from school and the prohibition, or the restriction, of those exposed to a communicable disease from engaging in particular activities.

Monitoring of contacts—The close supervision of persons and animals exposed to a communicable disease without restricting their movement.

* * * * *

Operator—The legal entity that operates a child care group setting or a person designated by the legal entity to serve as the primary staff person at a child care group setting.

Outbreak—An unusual increase in the number of cases of a disease, infection or condition, whether reportable or not as a single case, above the number of cases that a person required to report would expect to see in a particular geographic area or among a subset of persons (defined by a specific demographic or other features).

Physician—An individual licensed to practice medicine or osteopathic medicine within this Commonwealth.

Placarding—The posting on a home or other building of a sign or notice warning of the presence of communicable disease within the structure and the danger of infection therefrom.

Quarantine—

(i) The limitation of freedom of movement of a person or an animal that has been exposed to a communicable disease, for a period of time equal to the longest usual incubation period of the disease, or until judged noninfectious by a physician, in a manner designed to prevent the direct or indirect transmission of the infectious agent from the infected person or animal to other persons or animals.

(ii) The term does not exclude the movement of a person or animal from one location to another when approved by the Department or a local health authority under § 27.67 (relating to the movement of persons and animals subject to isolation or quarantine by action of a local health authority or the Department).

Reportable disease, infection, or condition—A disease, infection, or condition, made reportable by § 27.2 (relating to specific identified reportable diseases, infections and conditions).

* * * * *

SHC—State Health Center—The official headquarters of the Department in a county, other than a district office.

Segregation—The separation for special control or observation of one or more persons or animals from other persons or animals to facilitate the control of a communicable disease.

Sexually transmitted disease—A disease which, except when transmitted perinatally, is transmitted almost exclusively through sexual contact.

Surveillance of disease—The continuing scrutiny of all aspects of occurrence and spread of disease that are pertinent to effective control.

Volunteer—A person who provides services to a school or child care group setting without receiving remuneration.

§ 27.2. Specific identified reportable diseases, infections and conditions.

The diseases, infections and conditions in Subchapter B (relating to the reporting of diseases, infections and conditions) are reportable to the Department or the appropriate local health authority by the persons or entities in the manner and within the time frames set out in this chapter.

§ 27.3. Reporting outbreaks and unusual diseases, infections and conditions.

(a) A person required to report under this chapter shall report an outbreak within 24 hours, and in accordance with § 27.4 (relating to reporting cases).

(b) A person required to report under this chapter who suspects a public health emergency, shall report an unusual occurrence of a disease, infection or condition not listed as reportable in Subchapter B (relating to reporting of diseases, infections and conditions) or defined as an outbreak, within 24 hours, and in accordance with § 27.4.

(c) Any unusual or group expression of illness which the Department designates as a public health emergency shall be reported within 24 hours, and in accordance with § 27.4.

§ 27.4. Reporting cases.

(a) Except for reporting by a clinical laboratory, a case is to be reported to the LMRO serving the area in which a case is diagnosed or identified unless another provision of this chapter directs that a particular type of case is to be reported elsewhere. A clinical laboratory shall make reports to the appropriate office of the Department.

(b) Upon the Department's implementation of its electronic disease surveillance system for certain types of case reports, persons who make those reports shall do so electronically using an application and reporting format provided by the Department. At least 6 months in advance of requiring a type of case report to be reported electronically, the Department will publish a notice in the *Pennsylvania Bulletin* announcing when electronic reporting is to begin.

(c) This section does not prohibit a reporter from making an initial report of a case to the Department or an LMRO by telephone. The reporter will be instructed on how to make a complete case report at the time of the telephone call.

(d) Department offices to which this chapter requires specified case reports to be filed are as follows:

(1) Cancer Registry, Division of Health Statistics, Bureau of Health Statistics and Research.

(2) Division of Infectious Disease Epidemiology, Bureau of Epidemiology.

(3) HIV/AIDS Epidemiology Section, Division of Infectious Disease Epidemiology, Bureau of Epidemiology.

(4) Division of Maternal and Child Health, Bureau of Family Health.

(e) A case shall be reported using the appropriate case report format. Information solicited by the case report form shall be provided by the reporter, irrespective of whether the report is made by submitting the form directly in hard copy or by telecommunication or electronic submission. An appropriate case report form or format may be procured from the office to which the type of case is reportable.

§ 27.5. (Reserved).**§ 27.5a. Confidentiality of case reports.**

Case reports submitted to the Department or to an LMRO are confidential. Neither the reports, nor any information contained in them which identifies or is perceived by the Department or the LMRO as capable of being used to identify a person named in a report, will be disclosed to any person who is not an authorized employee or agent of the Department or the LMRO, and who has a legitimate purpose to access case information, except for any of the following reasons:

(1) When disclosure is necessary to carry out a purpose of the act, as determined by the Department or LMRO, and disclosure would not violate another act or regulation.

(2) When disclosure is made for a research purpose for which access to the information has been granted by the Department or an LMRO. Access shall be granted only when disclosure would not violate another act or regulation. The research shall be subject to strict supervision by the LMRO to ensure that the use of information disclosed is limited to the specific research purpose and will not involve the further disclosure of information which identifies or is perceived as being able to be used to identify a person named in a report.

§ 27.6. Disciplinary consequences for violating reporting responsibilities.

(a) Failure of a clinical laboratory to comply with the reporting provisions of this chapter may result in restrictions being placed upon or revocation of the laboratory's permit to operate as a clinical laboratory, as provided for in the Clinical Laboratory Act (35 P. S. §§ 2151—2165) unless failure to report is due to circumstances beyond the control of the clinical laboratory.

(b) Failure of a Department licensed health care facility to comply with the reporting provisions of this chapter may result in restrictions being placed upon or revocation of the health care facility's license, as provided for in the Health Care Facilities Act (35 P. S. §§ 448.101—448.904b).

(c) Failure of a health care practitioner to comply with the reporting provisions of this chapter may result in referral of that matter to the appropriate licensure board for disciplinary action.

(d) Failure of a child care group setting to comply with the reporting provisions of this chapter may result in referral of that matter to the appropriate licensing agency for appropriate action.

§ 27.7. Cooperation between clinical laboratories and persons who order laboratory tests.

To facilitate the reporting of cases by clinical laboratories, the following is required:

(1) When a clinical laboratory is requested to conduct a test which, depending upon the results, would impose a reporting duty upon the clinical laboratory, the clinical laboratory shall provide to the person who orders the testing, a form that solicits all information which is required for completion of the applicable case report form.

(2) A person who orders testing subject to paragraph (1) shall, at the time of ordering the test, provide the clinical laboratory with the information solicited by the form which that person either possesses or may readily obtain.

§ 27.8. Criminal penalties for violating the act or this chapter.

(a) A person who violates any provision of the act or this chapter shall, for each offense, upon conviction thereof in a summary proceeding before a district justice in the county wherein the offense was committed, be sentenced to pay a fine of not less than \$25 and not more than \$300, together with costs, and in default of payment of the fine and costs, shall be imprisoned in the county jail for a period not to exceed 30 days.

(b) A person afflicted with communicable tuberculosis, ordered to be quarantined or isolated in an institution, who leaves without consent of the medical director of the institution, is guilty of a misdemeanor, and upon conviction thereof, shall be sentenced to pay a fine of not less than \$100 nor more than \$500, or undergo imprisonment for not less than 30 days nor more than 6 months, or both.

(c) Prosecutions may be instituted by the Department, by a local health authority, or by any person having knowledge of a violation of the act or this chapter.

Subchapter B. REPORTING OF DISEASES, INFECTIONS AND CONDITIONS

GENERAL

§ 27.21. Reporting of AIDS cases by physicians and hospitals.

A physician or a hospital is required to report a case of AIDS within 5 work days after it is identified to the local health department if the case resides within the jurisdiction of that local health department. In all other cases, the physician or hospital shall report the case to the HIV/AIDS Epidemiology Section, Division of Infectious Disease Epidemiology, Bureau of Epidemiology.

§ 27.21a. Reporting of cases by health care practitioners and health care facilities.

(a) Except as set forth in this section or as otherwise set forth in this chapter, a health care practitioner or health care facility is required to report a case of a disease, infection or condition in subsection (b) as specified in § 27.4 (relating to reporting cases), if the health care practitioner or health care facility treats or examines a person who is suffering from, or who the health care practitioner suspects, because of symptoms or the appearance of the individual, of having a reportable disease, infection or condition:

(1) A health care practitioner or health care facility is not required to report a case if that health care practitioner or health care facility has reported the case previously.

(2) A health care practitioner or health care facility is not required to report a case of influenza unless the disease is confirmed by laboratory evidence of the causative agent.

(3) A health care practitioner or health care facility is not required to report a case of chlamydia trachomatis infection unless the disease is confirmed by laboratory evidence of the infectious agent.

(4) A health care practitioner or health care facility is not required to report a case of cancer unless the health care practitioner or health care facility provides screening, therapy or diagnostic services to cancer patients.

(5) Only physicians and hospitals are required to report cases of AIDS.

(b) The following diseases, infections and conditions in humans are reportable by health care practitioners and health care facilities within the specified time periods and as otherwise required by this chapter:

(1) The following diseases, infections and conditions are reportable within 24 hours after being identified by symptoms, appearance or diagnosis:

- Animal bite.
- Anthrax.
- Arboviruses.
- Botulism.
- Cholera.
- Diphtheria.
- Enterohemorrhagic *E. coli*.
- Food poisoning outbreak.
- Haemophilus influenzae* invasive disease.
- Hantavirus pulmonary syndrome.
- Hemorrhagic fever.
- Lead poisoning.
- Legionellosis.
- Measles (rubeola).
- Meningococcal invasive disease.
- Plague.
- Poliomyelitis.
- Rabies.
- Smallpox
- Typhoid fever.

(2) The following diseases, infections and conditions are reportable within 5 work days after being identified by symptoms, appearance or diagnosis:

- AIDS.
- Amebiasis.
- Brucellosis.
- Campylobacteriosis.
- Cancer.
- Chancroid.
- Chickenpox (varicella) (effective January 26, 2005).
- Chlamydia trachomatis infections.
- Creutzfeldt-Jakob Disease.
- Cryptosporidiosis.
- Encephalitis.
- Giardiasis.
- Gonococcal infections.
- Granuloma inguinale.
- Guillain-Barre syndrome.
- Hepatitis, viral, acute and chronic cases.
- Histoplasmosis.
- Influenza.
- Leprosy (Hansen's disease).
- Leptospirosis.
- Listeriosis.

Lyme disease.
 Lymphogranuloma venereum.
 Malaria.
 Maple syrup urine disease (MSUD) in children under 5 years of age.
 Meningitis (All types not caused by invasive *Haemophilus influenza* or *Neisseria meningitis*).
 Mumps.
 Pertussis (whooping cough).
 Phenylketonuria (PKU) in children under 5 years of age.
 Primary congenital hypothyroidism in children under 5 years of age.
 Psittacosis (ornithosis).
 Rickettsial diseases.
 Rubella (German measles) and congenital rubella syndrome.
 Salmonellosis.
 Shigellosis.
 Sickle cell hemoglobinopathies in children under 5 years of age.
Staphylococcus aureus, Vancomycin-resistant (or intermediate) invasive disease.
 Streptococcal invasive disease (group A).
Streptococcus pneumoniae, drug-resistant invasive disease.
 Syphilis (all stages).
 Tetanus.
 Toxic shock syndrome.
 Toxoplasmosis.
 Trichinosis.
 Tuberculosis, suspected or confirmed active disease (all sites).
 Tularemia.

(c) A school nurse shall report to the LMRO any unusual increase in the number of absentees among school children. A caregiver at a child care group setting shall report to the LMRO any unusual increase in the number of absentees among children attending the child care group setting.

(d) A health care facility or health care practitioner providing screening, diagnostic or therapeutic services to patients with respect to cancer shall also report cases of cancer as specified in § 27.31 (relating to reporting cases of cancer).

§ 27.22. Reporting of cases by clinical laboratories.

(a) A person who is in charge of a clinical laboratory in which a laboratory examination of a specimen derived from a human body yields evidence significant from a public health standpoint of the presence of a disease, infection or condition listed in subsection (b) shall promptly report the findings, no later than the next work day after the close of business on the day on which the examination was completed, except as otherwise noted in this chapter.

(b) The diseases, infections and conditions to be reported include the following:

Amebiasis.

Anthrax.
 An unusual cluster of isolates.
 Arboviruses
 Botulism—all forms.
 Brucellosis.
 Campylobacteriosis.
 Cancer.
 Chancroid.
 Chickenpox (varicella).
 Chlamydia trachomatis infections.
 Cholera.
 Creutzfeldt-Jakob disease.
 Cryptosporidiosis.
 Diphtheria infections.
 Enterohemorrhagic *E. coli* 0157 infections, or infections caused by other sub-types producing shiga-like toxin.
 Giardiasis.
 Gonococcal infections.
 Granuloma inguinale.
Haemophilus influenzae infections—invasive from sterile sites.
 Hantavirus.
 Hepatitis, viral, acute and chronic cases.
 Histoplasmosis.
 Influenza.
 Lead poisoning.
 Legionellosis.
 Leprosy (Hansen's disease).
 Leptospirosis.
 Listeriosis.
 Lyme disease.
 Lymphogranuloma venereum.
 Malaria.
 Maple syrup urine disease (MSUD) in children under 5 years of age.
 Measles (rubeola).
 Meningococcal infections—invasive from sterile sites.
 Mumps.
 Pertussis.
 Phenylketonuria (PKU) in children under 5 years of age.
 Primary congenital hypothyroidism in children under 5 years of age.
 Plague.
 Poliomyelitis.
 Psittacosis (ornithosis).
 Rabies.
 Respiratory syncytial virus.
 Rickettsial infections.
 Rubella.
 Salmonella.
 Shigella.

Sickle cell hemoglobinopathies in children under 5 years of age.

Staphylococcus Aureus Vancomycin-resistant (or intermediate) invasive disease.

Streptococcus pneumoniae, drug-resistant invasive disease.

Syphilis.

Tetanus.

Toxoplasmosis.

Trichinosis.

Tuberculosis, confirmation of positive smears or cultures, including results of drug susceptibility testing.

Tularemia.

Typhoid.

(c) The report shall include the following:

(1) The name, age, address and telephone number of the person from whom the specimen was obtained.

(2) The date the specimen was collected.

(3) The source of the specimen (such as, serum, stool, CSF, wound).

(4) The name of the test or examination performed and the date it was performed.

(5) The results of the test.

(6) The range of normal values for the specific test performed.

(7) The name, address, and telephone number of the physician for whom the examination or test was performed.

(8) Other information requested in case reports or formats specified by the Department.

(d) The report shall be submitted by the person in charge of a laboratory, in either a hard copy format or an electronic transmission format specified by the Department.

(e) Reports made on paper shall be made to the LMRO where the case is diagnosed or identified. Reports made electronically shall be submitted to the Division of Infectious Disease Epidemiology, Bureau of Epidemiology. Reports of maple syrup urine disease, phenylketonuria, primary congenital hypothyroidism, sickle cell hemoglobinopathies, cancer and lead poisoning shall be reported to the location specifically designated in this subchapter. See §§ 27.30, 27.31 and 27.34 (relating to reporting cases of certain diseases in the newborn child; reporting cases of cancer; and reporting cases of lead poisoning).

(f) A clinical laboratory shall submit isolates of salmonella and shigella to the Department's Bureau of Laboratories for serotyping within 5 work days of isolation.

(g) A clinical laboratory shall submit isolates of Neisseria meningitidis obtained from a normally sterile site to the Department's Bureau of Laboratories for serogrouping within 5 work days of isolation.

(h) A clinical laboratory shall send isolates of enterohemorrhagic E. coli to the Department's Bureau of Laboratories for appropriate further testing within 5 work days of isolation.

(i) A clinical laboratory shall send isolates of Haemophilus influenzae obtained from a normally sterile

site to the Department's Bureau of Laboratories for serotyping within 5 work days of isolation.

(j) The Department, upon publication of a notice in the *Pennsylvania Bulletin*, may authorize changes in the requirements for submission of isolates based upon medical or public health developments when the departure is determined by the Department to be necessary to protect the health of the people of this Commonwealth. The change will not remain in effect for more than 90 days after publication unless the Board acts to affirm the change within that 90-day period.

§ 27.23. Reporting of cases by persons other than health care practitioners, health care facilities, veterinarians or laboratories.

Except with respect to reporting cancer, individuals in charge of the following types of group facilities identifying a disease, infection or condition listed in § 27.21a (relating to reporting of cases by health care practitioners and health care facilities) by symptom, appearance or diagnosis shall make a report within the time frames required in § 27.21a.

(1) Institutions maintaining dormitories and living rooms.

(2) Orphanages.

(3) Child care group settings.

§ 27.24. (Reserved).

§ 27.24a. Reporting of cases by veterinarians.

A veterinarian is required to report a case, as specified in § 27.4 (relating to reporting cases), only if the veterinarian treats or examines an animal which the veterinarian suspects of having a disease set forth in § 27.35(a) (relating to reporting cases of disease in animals).

§§ 27.25—27.28. (Reserved).

§ 27.29. Reporting for special research projects.

A person in charge of a hospital or other institution for the treatment of disease shall, upon request of the Department, make reports of a disease or condition for which the Board has approved a specific study to enable the Department to determine and employ the most efficient and practical means to protect and to promote the health of the people by the prevention and control of the disease or condition. The reports shall be made on forms prescribed by the Department and shall be transmitted to the Department or to local health authorities as directed by the Department.

DISEASES AND CONDITIONS REQUIRING SPECIAL REPORTING

§ 27.30. Reporting cases of certain diseases in the newborn child.

Reports of maple syrup urine disease, phenylketonuria, primary congenital hypothyroidism and sickle cell hemoglobinopathies shall be made to the Division of Maternal and Child Health, Bureau of Family Health, as specified in Chapter 28 (relating to metabolic diseases of the newborn) and those provisions of § 27.4 (relating to reporting cases) consistent with Chapter 28 and this section.

§ 27.31. Reporting cases of cancer.

(a) A hospital, clinical laboratory, or other health care facility providing screening, diagnostic or therapeutic services for cancer to cancer patients shall report each case of cancer to the Department in a format prescribed by the Cancer Registry, Bureau of Health Statistics and

Research, within 180 days of the patient's discharge, if an inpatient or, if an outpatient, within 180 days following diagnosis or initiation of treatment.

(b) A health care practitioner providing screening, diagnostic or therapeutic services to cancer patients for cancer shall report each cancer case to the Department in a format prescribed by the Cancer Registry, Bureau of Health Statistics and Research, within 5 work days of diagnosis. Cases directly referred to or previously admitted to a hospital or other health care facility providing screening, diagnostic or therapeutic services to cancer patients in this Commonwealth, and reported by those facilities, are exceptions and do not need to be reported by the health care practitioner.

(c) The Department or its authorized representative shall be afforded physical access to all records of physicians and surgeons, hospitals, outpatient clinics, nursing homes and all other facilities, individuals or agencies providing services to patients which would identify cases of cancer or would establish characteristics of the cancer, treatment of the cancer or medical status of any identified cancer patient.

(d) Reports submitted under this section are confidential and may not be open to public inspection or dissemination. Information for specific research purposes may be released in accordance with procedures established by the Department with the advice of the Pennsylvania Cancer Control, Prevention and Research Advisory Board.

(e) Case reports of cancer shall be sent to the Cancer Registry, Division of Health Statistics, Bureau of Health Statistics and Research, unless otherwise directed by the Department.

§ 27.32. (Reserved).

§ 27.33. Reporting cases of sexually transmitted disease.

(a) Reportable sexually transmitted diseases and infections are as follows:

- (1) Chancroid.
- (2) Chlamydia trachomatis infections.
- (3) Gonococcal infections.
- (4) Granuloma inguinale.
- (5) Lymphogranuloma venereum.
- (6) Syphilis.

(b) Health care practitioners and health care facilities shall make case reports of these diseases to the LMRO where the case is diagnosed or identified.

(c) A clinical laboratory making a case report by paper shall make the report to the LMRO where the case is diagnosed or identified. A clinical laboratory making a case report electronically shall make the report to the Division of Infectious Disease Epidemiology, Bureau of Epidemiology.

§ 27.34. Reporting cases of lead poisoning.

(a) *Reporting by clinical laboratories.*

(1) A clinical laboratory shall report all blood lead test results on both venous and capillary specimens for persons under 16 years of age to the Childhood Lead Poisoning Prevention Program, Division of Maternal and Child Health, Bureau of Family Health.

(2) A clinical laboratory shall report an elevated blood lead level in a person 16 years of age or older to the Division of Environmental Health Epidemiology, Bureau

of Epidemiology or to other locations as designated by the Department. An elevated blood lead level is defined by the National Institute For Occupational Safety And Health (NIOSH). As of January 26, 2002, NIOSH defines an elevated blood lead level as a venous blood lead level of 25 micrograms per deciliter (µg/dL) or higher. The Department will publish in the *Pennsylvania Bulletin* any NIOSH update of the definition within 30 days of NIOSH's notification to the Department.

(3) A clinical laboratory which conducts blood lead tests of 100 or more specimens per month shall submit results electronically in a format specified by the Department.

(4) A clinical laboratory which conducts blood lead tests of less than 100 blood lead specimens per month shall submit results either electronically or by hard copy in the format specified by the Department.

(5) A laboratory which performs blood lead tests on blood specimens collected in this Commonwealth shall be licensed as a clinical laboratory and shall be specifically approved by the Department to conduct those tests.

(6) Blood lead analyses requested for occupational health purposes on blood specimens collected in this Commonwealth shall be performed only by laboratories which are licensed and approved as specified in paragraph (5), and which are also approved by the Occupational Safety and Health Administration of the United States Department of Labor under 29 CFR 1910.1025(j)(2)(iii) (relating to lead).

(7) A clinical laboratory shall complete a blood lead test within 5 work days of the receipt of the blood specimen and shall submit the case report to the Department by the close of business of the next work day after the day on which the test was performed. The clinical laboratory shall submit a report of lead poisoning using either the hard-copy form or electronic transmission format specified by the Department.

(8) When a clinical laboratory receives a blood specimen without all of the information required for reporting purposes, the clinical laboratory shall test the specimen and shall submit the incomplete report to the Department

(b) *Reporting by health care practitioners or health care facilities.* A health care practitioner or health care facility shall report all cases of lead poisoning for persons under 16 years of age and pregnant women to the Lead Poisoning Prevention Program, Child and Adult Health Services Division, Bureau of Family Health. A case of lead poisoning shall be a lead level of 20 µg/dL or greater or a persistent elevated blood lead level (2 or more venous blood lead levels of 15 to 19 µg/dL (inclusive) at least three months apart).

§ 27.35. Reporting cases of disease in animals.

(a) The following diseases, infections and conditions in animals are reportable to the Division of Infectious Disease Epidemiology, Bureau of Epidemiology, as specified in § 27.4 (relating to reporting cases) within 5 work days after being identified:

- Anthrax.
- Arboviruses.
- Brucellosis.
- Plague.
- Psittacosis.
- Rabies.
- Transmissible Spongiform Encephalopathies.

Tuberculosis.

Tularemia.

Any disease, infection or condition covered by § 27.3(b) (relating to reporting outbreaks and unusual diseases, infections and conditions.)

(b) This chapter applies only to animals having or suspected of having one of the diseases, infections or conditions listed in subsection (a).

REPORTING BY LOCAL MORBIDITY REPORTING OFFICES

§ 27.41. (Reserved).

§ 27.41a. Reporting by local morbidity reporting offices of case reports received.

An LMRO that is not one of the Department's district offices shall report a case that has been reported to it to the district office for the State health district in which it is located, or to the central office when this chapter directs that reports are to be filed with that office.

§ 27.42. (Reserved).

§ 27.42a. Reporting by local morbidity reporting offices of completed case investigations.

An LMRO that is not one of the Department's district offices shall submit, on a weekly basis, a case investigation report of the information from each case investigation which has resulted in confirmation of the incidence of a reportable disease, infection or condition. The report shall be submitted to the appropriate Department office as follows in a format and within the length of time set forth in this chapter:

(1) *AIDS*. To the HIV/AIDS Epidemiology Section, Division of Infectious Disease Epidemiology, Bureau of Epidemiology.

(2) *Chickenpox, diphtheria, measles, mumps, pertussis, polio, rubella, and tetanus*. To the Division of Immunizations, Bureau of Communicable Diseases.

(3) *Chancroid, chlamydia trachomatis infections, gonococcal infections, granuloma inguinale, lymphogranuloma venereum, syphilis and tuberculosis*. To the Division of Tuberculosis and Sexually Transmitted Diseases, Bureau of Communicable Diseases.

(4) *Other reportable diseases and conditions*. To the Division of Infectious Disease Epidemiology, Bureau of Epidemiology.

§ 27.43. (Reserved).

§ 27.43a. Reporting by local morbidity reporting offices of outbreaks and selected diseases.

(a) An LMRO that is not one of the Department's district offices shall report an outbreak by telephone on the same day that the outbreak is reported or otherwise made known to it, as follows:

(1) *AIDS*. To the HIV/AIDS Epidemiology Section, Division of Infectious Disease Epidemiology, Bureau of Epidemiology.

(2) *Chancroid, chlamydia trachomatis infections, gonococcal infections, granuloma inguinale, lymphogranuloma venereum, syphilis and tuberculosis*. To the Division of Tuberculosis and Sexually Transmitted Diseases, Bureau of Communicable Diseases.

(3) *Chickenpox, diphtheria, measles, mumps, pertussis, polio, rubella and tetanus*. To the Division of Immunizations, Bureau of Communicable Diseases.

(4) *Other reportable diseases and conditions*. To the Division of Infectious Disease Epidemiology, Bureau of Epidemiology.

(b) An LMRO that is not one of the Department's district offices shall report by telephone on the same day any of the following diseases is reported or otherwise made known to it, as follows:

(1) *Diphtheria, measles, pertussis and polio*. To the Division of Immunizations, Bureau of Communicable Diseases.

(2) *Anthrax, arbovirus disease, cholera, enterohemorrhagic Escherichia coli, hantavirus pulmonary syndrome, food borne botulism, Haemophilus influenzae invasive disease in a child under 15 years of age, hemorrhagic fever, hepatitis E, human rabies, Legionellosis, plague, smallpox, typhoid fever and yellow fever*. To the Division of Infectious Disease Epidemiology, Bureau of Epidemiology.

§§ 27.44—27.47. (Reserved).

§ 27.51. (Reserved).

Subchapter C. QUARANTINE AND ISOLATION

GENERAL PROVISIONS

§ 27.60. Disease control measures.

(a) The Department or local health authority shall direct isolation of a person or an animal with a communicable disease or infection; surveillance, segregation, quarantine or modified quarantine of contacts of a person or an animal with a communicable disease or infection; and any other disease control measure the Department or the local health authority considers to be appropriate for the surveillance of disease, when the disease control measure is necessary to protect the public from the spread of infectious agents.

(b) The Department and local health authority will determine the appropriate disease control measure based upon the disease or infection, the patient's circumstances, the type of facility available and any other available information relating to the patient and the disease or infection.

(c) If a local health authority is not an LMRO, it shall consult with and receive approval from the Department prior to taking any disease control measure.

§ 27.61. Isolation.

When the isolation of a person or animal that is suspected of harboring an infectious agent is appropriate, the Department or local health authority shall cause the isolation to be done promptly following receipt of the case report.

(1) If the local health authority is not an LMRO, the local health officer shall consult with and receive approval from the Department prior to requiring isolation.

(2) If more than one jurisdiction is involved, the local health officer shall cause a person or animal to be isolated only after consulting with and receiving approval from the Department.

(3) The Department or local health authority shall ensure that instructions are given to the case or persons responsible for the care of the case and to members of the household or appropriate living quarters, defining the area within which the case is to be isolated and identifying the measures to be taken to prevent the spread of disease.

§§ 27.62—27.64. (Reserved).**§ 27.65. Quarantine.**

If the disease is one which the Department, or a local health authority which is also an LMRO, determines to require the quarantine of contacts in addition to isolation of the case, the Department or local health officer of the LMRO shall determine which contacts shall be quarantined, specify the place to which they shall be quarantined, and issue appropriate instructions.

(1) When any other local health authority is involved, the local health officer shall quarantine contacts only after consulting with and receiving approval from the Department.

(2) The Department or local health officer shall ensure that provisions are made for the medical observation of the contacts as frequently as necessary during the quarantine period.

§ 27.66. Placarding.

Whenever the Department or a local health officer has reason to believe that a case, a contact or others will not fully comply with the isolation or quarantine as required for the protection of the public health and the Department or local health officer deems it necessary to use placards, placards may be utilized. Placards may be utilized by a local health officer of a local health authority that is not an LMRO only if the specific use is approved by the Department.

§ 27.67. Movement of persons and animals subject to isolation or quarantine by action of a local health authority or the Department.

(a) A person or animal subject to isolation or quarantine by action of a local health authority or the Department may be removed to another location only with permission of the local health authority or the Department. If the local health authority is not an LMRO, the local health authority shall consult with and receive approval from the Department prior to permitting removal. Permission for removal may be given by the Department if the local health officer is not available.

(b) Removal of a person or animal under isolation or quarantine by action of the Department or a local health authority, from the jurisdiction of the Department or a local health authority to the jurisdiction of the Department or another local health authority may occur only with permission of the Department, if it is involved, and with the permission of the local health authorities concerned. If both of the local health authorities involved are not LMROs, the local health authorities shall consult with and receive approval from the Department prior to permitting removal. Permission for removal may be given by the Department if a local health officer from whom permission would otherwise be required is not available.

(c) Interstate transportation to or from this Commonwealth of a person or animal under isolation or quarantine may be made only with permission of the Department.

(d) Transportation of a person or animal under isolation or quarantine shall be made by private conveyance or as otherwise ordered by the local health authority or the Department. If the local health authority is not an LMRO, it shall consult with the Department prior to issuing an order. The sender, the receiver and the transporter of the person or animal shall be responsible to take due care to prevent the spread of the disease.

(e) When a person or animal under isolation or quarantine is transported, isolation or quarantine shall be resumed for the period of time required for the specific disease immediately upon arrival of the person or animal at the point of destination.

§ 27.68. Release from isolation or quarantine.

The Department or a local health authority may order that a person or animal isolated or quarantined under the direction of the Department or to the appropriate health authority be released from isolation or quarantine when the Department or the local health authority determines that the person or animal no longer presents a public health threat. If the local health authority involved is not an LMRO, it shall consult with, and receive approval from, the Department prior to making the order.

§ 27.69. Laboratory analysis.

Whenever a laboratory specimen is to be examined for the presence of etiologic organisms to determine the duration of isolation or quarantine or to determine the eligibility of a person or animal for release from isolation or quarantine, the specimen shall be examined in a laboratory approved by the Department to conduct that type of examination.

COMMUNICABLE DISEASES IN CHILDREN AND STAFF ATTENDING SCHOOLS AND CHILD CARE GROUP SETTINGS**§ 27.71. Exclusion of children, and staff having contact with children, for specified diseases and infectious conditions.**

A person in charge of a public, private, parochial, Sunday or other school or college shall exclude from school a child, or a staff person, including a volunteer, who has contact with children, who is suspected by a physician or the school nurse of having any of the communicable diseases, infections or conditions. Readmission shall be contingent upon the school nurse or, in the absence of the school nurse, a physician, verifying that the criteria for readmission have been satisfied. The diseases, the periods of exclusion and the criteria for readmission are as follows:

(1) *Diphtheria*. Two weeks from the onset or until appropriate negative culture tests.

(2) *Measles*. Four days from the onset of rash. Exclusion may also be ordered by the Department as specified in § 27.160 (relating to special requirements for measles).

(3) *Mumps*. Nine days from the onset or until subsidence of swelling.

(4) *Pertussis*. Three weeks from the onset or 5 days from institution of appropriate antimicrobial therapy.

(5) *Rubella*. Four days from the onset of rash.

(6) *Chickenpox*. Five days from the appearance of the first crop of vesicles, or when all the lesions have dried and crusted, whichever is sooner.

(7) *Respiratory streptococcal infections including scarlet fever*. At least 10 days from the onset if no physician is in attendance or 24 hours after institution of appropriate antimicrobial therapy.

(8) *Infectious conjunctivitis (pink eye)*. Until judged not infective; that is, without a discharge.

(9) *Ringworm*. The person shall be allowed to return to school, child care or other group setting immediately after the first treatment, if body lesions are covered. Neither scalp nor body lesions that are dried need to be covered.

(10) *Impetigo contagiosa*. Twenty-four hours after the institution of appropriate treatment.

(11) *Pediculosis capitis*. The person shall be allowed to return to either the school, child care or other group setting immediately after first treatment. The person shall be reexamined for infestation by the school nurse, or other health care practitioner, 7 days posttreatment.

(12) *Pediculosis corpora*. After completion of appropriate treatment.

(13) *Scabies*. After completion of appropriate treatment.

(14) *Trachoma*. Twenty-four hours after institution of appropriate treatment.

(15) *Tuberculosis*. Following a minimum of 2 weeks adequate chemotherapy and three consecutive negative morning sputum smears, if obtainable. In addition, a note from the attending physician that the person is noncommunicable shall be submitted prior to readmission.

(16) *Neisseria meningitidis*. Until judged noninfective after a course of rifampin or other drug which is effective against the nasopharyngeal carriage state of this disease, or until otherwise shown to be noninfective.

§ 27.72. Exclusion of children, and staff having contact with children, for showing symptoms.

(a) A person in charge of a public, private, parochial, Sunday or other school or college shall, following consultation with a physician or school nurse, exclude immediately a child, or staff person, including a volunteer, having contact with children, showing any of the following symptoms, unless that person is determined by the school nurse, or a physician, to be noncommunicable:

- (1) Mouth sores associated with inability to control saliva.
- (2) Rash with fever or behavioral change.
- (3) Purulent discharge from the eyes.
- (4) Productive cough with fever.
- (5) Oral or axillary temperature equal to or greater than 102° F.
- (6) Unusual lethargy, irritability, persistent crying, difficulty breathing or other signs of severe illness.
- (7) Persistent vomiting.
- (8) Persistent diarrhea.

(b) The school shall maintain a record of the exclusion and the reasons prompting the exclusion and shall review the record to determine when unusual rates of absenteeism occur.

§ 27.73. Readmission of excluded children, and staff having contact with children.

(a) A child or staff person, including a volunteer, having contact with children, excluded from a public, private, parochial or other school or college under § 27.72 (relating to exclusion of children, and staff having contact with children, for showing symptoms) may not be readmitted until the school nurse or, in the absence of a school nurse, a physician, is satisfied that the condition for which the person was excluded is not communicable or until the person presents a statement from a physician that the person has recovered or is noninfectious.

(b) A child, or staff person, including a volunteer, having contact with children, excluded for the following reasons shall be readmitted only when a physician has

determined the illness to be either resolved, noncommunicable or in a noncommunicable stage:

- (1) Rash with fever or behavioral change.
- (2) Productive cough with fever.

§ 27.74. Readmission of exposed or isolated children, and staff having contact with children.

A child, or staff person, including a volunteer, having contact with children, who has been absent from school by reason of having had or because of residing on premises where there has been a disease for which isolation is required, may not be readmitted to school without the permission of the LMRO.

§ 27.75. Exclusion of children, and staff having contact with children, during a measles outbreak.

Children, and staff, including a volunteer, having contact with children, shall be excluded from school during a measles outbreak under the procedures described in § 27.160 (relating to special requirements for measles).

§ 27.76. Exclusion and readmission of children, and staff having contact with children, in child care group settings.

(a) Sections 27.71—27.75 apply to child care group settings, with the exception that readmission of excluded persons as provided in those sections, as well as provided in this subsection, shall be contingent upon a physician verifying that the criteria for readmission have been satisfied. The following conditions and circumstances also govern exclusion from and readmission to a child care group setting of a child, or a staff person, including a volunteer, who has contact with children attending the child care group setting:

(1) *Meningococcal meningitis or meningococcemia*. Until made noninfective by a course of rifampin or other drug which is effective against the nasopharyngeal carriage stage of this disease, or otherwise shown to be noninfective.

(2) *Haemophilus influenzae (H. flu) meningitis or other invasive H. flu disease*. Until made noninfectious by a course of rifampin or other drug which is effective against the nasopharyngeal carriage stage of this disease, or otherwise shown to be noninfective.

(3) *Persistent diarrhea*. Until resolved or judged to be noninfective when associated with any of the following:

- (i) Inability to prevent contamination of the environment with feces.
- (ii) Fever.
- (iii) Identified bacterial or parasitic pathogen.

(4) *Fever in children younger than 4 months of greater than 101° F. rectally or 100° F. axillary; in children 4-24 months of greater than 102° F. rectally or 101° F. axillary*. Until resolved or judged to be noninfective.

(5) *Hepatitis A, viral hepatitis unspecified, or jaundice of unspecified etiology*. Until 1 week following the onset of jaundice, or 2 weeks following symptom onset or IgM antibody positivity if jaundice is not present.

(6) *Shigellosis*. Until the etiologic organism is eradicated. See § 27.158 (relating to special requirements for shigellosis).

(7) *Typhoid fever or paratyphoid fever*. Until the etiologic organism is eradicated. See § 27.159 (relating to special requirements for typhoid and paratyphoid fever).

(8) *Exposure to an individual with meningococcal disease.* Until the institution of treatment with appropriate antibiotic to eradicate the nasopharyngeal carrier state, or until proven noninfectious with nasopharyngeal cultures, or until 30 days following the exposure. Exclusion shall be postponed, until the second day following notice that exclusion will be required, to give the individual sufficient time to arrange for institution of appropriate antibiotic treatment.

(b) To facilitate the proper exclusion of sick children and staff, the caregiver at a child care group setting shall arrange for the following:

(1) Instruction of staff, including volunteers, regarding exclusion and screening criteria that apply to themselves and attending children.

(2) Instruction of parents and guardians regarding exclusion criteria and that they are to notify the caregiver within 24 hours after it is determined or suspected that a child has an illness or condition for which exclusion is required.

(3) Followup after exclusion of a child by staff at the time the child is brought to the child care group setting to ensure that the condition which required exclusion has been resolved.

§ 27.77. Immunization requirements for children in child care group settings.

(a) Caregiver responsibilities.

(1) Except as exempted in subsection (d), effective March 27, 2002, the caregiver at a child care group setting may not accept or retain a child 2 months of age or older at the setting, for more than 60 days, unless the caregiver has received a written objection to a child being vaccinated on religious grounds from a parent or guardian, or one of the following:

(i) For all children not exempt under subsection (d)(1)(ii), an initial written verification from a physician, the Department or a local health department of the dates (month, day and year) the child was administered any vaccines recommended by ACIP. The verification shall also specify any vaccination not given due to medical condition of the child and shall state whether the condition is temporary or permanent. The verification shall show compliance with the vaccination requirements in subsection (b).

(ii) For all children for whom vaccinations remain outstanding following the caregiver's receipt of the initial written verification, subsequent written verifications from a physician, the Department or a local health department as additional vaccinations become due. These verifications shall be prepared in the same manner as set forth in subparagraph (i), but need not repeat information contained in a previously submitted verification. The verifications shall demonstrate continuing compliance with the vaccination requirements in subsection (b).

(2) If the caregiver receives a written verification under paragraph (1) explaining that timely vaccination did not occur due to a temporary medical condition, the caregiver shall exclude the child from the child care group setting after an additional 30 days unless the caregiver receives, within that 30-day period, written verification from a physician, the Department or a local health department that the child was vaccinated or that the temporary medical condition still exists. If the caregiver receives a written verification that vaccination has not occurred because the temporary condition persists, the caregiver shall require the presentation of a new verification at

30-day intervals. If a verification is not received as required, the caregiver shall exclude the child from the child care group setting and not readmit the child until the caregiver receives a verification that meets the requirements of this section.

(3) The caregiver shall retain the written verification or objection referenced in paragraphs (1) and (2) for 60 days following the termination of the child's attendance.

(4) The caregiver shall ensure that a certificate of immunization is completed and signed for each child enrolled in the child care group setting. The certificates shall be updated by the caregiver to include the information provided to the caregiver under subsection (a) when that additional information is received. The immunization status of each enrolled child shall be summarized and reported on an annual basis to the Department at the time prescribed by the Department and on the form provided by the Department.

(b) *Vaccination requirements.* Each child enrolled in a child care group setting shall be immunized in accordance with ACIP standards in effect on January 1, 1999, governing the issuance of ACIP recommendations for the immunization of children.

(1) The standards are as follows:

(i) The immunization practice is supported by both published and unpublished scientific literature as a means to address the morbidity and mortality of the disease.

(ii) The labeling and packaging inserts for the immunizing agent are considered.

(iii) The immunizing agent is safe and effective.

(iv) The schedule for use of the immunizing agent is administratively feasible.

(2) The Department will deem an ACIP recommendation pertaining to the immunization of children to satisfy the standards in this subsection unless ACIP alters its standards for recommending immunizations for children by eliminating a standard set forth in this subsection and the recommendation is issued under those changed standards.

(c) *Notice.* The Department will place a notice in the *Pennsylvania Bulletin* listing publications containing ACIP recommendations issued under the standards in subsection (b). The Department will publish the initial notice at 32 Pa.B. 539 (January 26, 2002), contemporaneously with the adoption of amendments to this chapter. The Department will update that list in a notice which it will publish in the *Pennsylvania Bulletin* within 30 days after ACIP issues a recommendation which satisfies the criteria of this section.

(d) *Exemptions.*

(1) This section does not apply to the following:

(i) Kindergarten, elementary school or higher school. These caregivers shall comply with §§ 23.81—23.87 (relating to immunization).

(ii) Children who are known by the caregiver to be 6 years of age or older or to attend a kindergarten, elementary school or high school.

(iii) A caregiver who does not serve as a caregiver for at least 40 hours during at least 1 month.

(2) The requirement imposed by subsection (a), to not accept a child into a child care group setting without receiving an initial written verification or objection speci-

fied in subsection (a), does not apply during a month the caregiver does not serve as a caregiver for at least 40 hours.

(e) *Exclusion when disease is present.* Whenever one of the diseases in § 27.76 (relating to exclusion and readmission of children, and staff having contact with children, in child care group settings) has been identified within a child care group setting, the Department or a local health department may order the exclusion from the child care group setting or any other child care group setting which is determined to be at high-risk of transmission of that disease, of an individual susceptible to that disease in accordance with public health standards as determined by the Department.

Subchapter D. SEXUALLY TRANSMITTED DISEASES, TUBERCULOSIS AND OTHER COMMUNICABLE DISEASES

§ 27.81. Examination of persons suspected of being infected.

Whenever the Department or a local health authority has reasonable grounds to suspect a person of being infected with an organism causing a sexually transmitted disease, tuberculosis or other communicable disease, or of being a carrier, but lacks confirmatory medical or laboratory evidence, the Department or the local health authority may require the person to undergo a medical examination and any other approved diagnostic procedure to determine whether or not the person is infected or is a carrier. If the local health authority involved is not an LMRO, the local health authority shall consult with and receive approval from the Department prior to requiring any medical examination or other approved diagnostic procedure.

§ 27.82. Refusal to submit to examination.

(a) If a person refuses to submit to the examination required in § 27.81 (relating to examination of persons suspected of being infected), the Department or the local health authority may direct the person to be quarantined until it is determined that the person does not pose a threat to the public health by reason of being infected with a disease causing organism or being a carrier.

(b) If the person refuses to abide by an order issued under subsection (a), the Department or local health authority may file a petition in the court of common pleas of the county in which the person is present. The petition shall have a statement attached, given under oath by a physician licensed to practice in this Commonwealth, that the person is suspected of being infected with an organism causing a sexually transmitted disease, tuberculosis or other communicable disease, or that the person is suspected of being a carrier.

(1) Upon the filing of the petition, the court shall, within 24 hours after service of a copy upon the respondent, hold a hearing without a jury to ascertain whether the person named in the petition has refused to submit to an examination to determine whether the person is infected with the suspected disease causing organism, or that the person is a carrier.

(2) Upon a finding that the person has refused to submit to an examination and that there is no valid reason for the person to do so, the court may forthwith order the person to submit to the examination.

(3) The certificate of the physician attached to the petition shall be received in evidence and shall constitute prima facie evidence that the person named is suspected of being infected with the disease causing organism, or that the person is a carrier.

(c) A person refusing to undergo an examination as required under subsections (a) and (b) may be committed by the court to an institution in this Commonwealth determined by the Department to be suitable for the care of persons infected with the suspected disease causing organism.

§ 27.83. Court ordered examinations.

The examination ordered by the court under § 27.82 (relating to refusal to submit to examination) may be performed by a physician chosen by the person at the person's own expense. The examination shall include an appropriate physical examination and laboratory tests performed in a clinical laboratory approved by the Department to conduct the tests, and shall be conducted in accordance with accepted professional practices. The results shall be reported to the local health authority or the Department on case report forms furnished by the Department.

§ 27.84. Examination for a sexually transmitted disease of persons detained by police authorities.

(a) A person taken into custody and charged with a crime involving lewd conduct or a sex offense, or a person to whom the jurisdiction of a juvenile court attaches may be examined for a sexually transmitted disease by a qualified physician appointed by the Department, by the local health authority or by the court having jurisdiction over the person so charged. If the person refuses to permit an examination or provide a specimen for laboratory tests as requested by the physician designated by the Department, a local health authority or a court, judicial action may be pursued by the Department or local health authority to secure an appropriate remedy.

(b) A person convicted of a crime or pending trial, who is confined in or committed to a State or local penal institution, reformatory or other house of correction or detention, may be examined for a sexually transmitted disease by a qualified physician appointed by the Department or by the local health authority. If the person refuses to permit an examination or provide a specimen for laboratory tests as requested by the physician, judicial action may be pursued by the Department or local health authority to secure an appropriate remedy.

(c) A person described in subsection (a) or (b) found, upon examination, to be infected with a sexually transmitted disease shall be given appropriate treatment by the local health authority, the Department or the attending physician of the institution.

§ 27.85. Diagnosis and treatment of a sexually transmitted disease.

(a) The Department will provide or designate adequate facilities for the free diagnosis and, where necessary for the preservation of public health, free treatment of persons infected with sexually transmitted diseases.

(b) Upon approval of the Department, a local health authority shall undertake to share the expense of furnishing free diagnosis and free treatment of a sexually transmitted disease, or shall furnish free diagnosis and free treatment of the sexually transmitted disease without financial assistance from the Department.

§ 27.86. (Reserved).

§ 27.87. Refusal to submit to treatment for communicable diseases.

(a) If the Department or a local health authority finds that a person who is infected with a sexually transmitted disease, tuberculosis or other communicable disease in a

communicable stage refuses to submit to treatment approved by the Department or by a local health authority, the Department or the local health authority, if it determines the action advances public health interests, shall order the person to be isolated in an appropriate institution designated by the Department or by the local health authority for safekeeping and treatment until the disease has been rendered noncommunicable.

(i) If the disease is one which may be significantly reduced in its communicability following short-term therapy, but is likely to significantly increase in its communicability if that therapy is not continued, such as tuberculosis, the Department or local health authority may order the person to complete therapy which is designed to prevent the disease from reverting to a communicable stage, including completion of an inpatient treatment regimen. See, also, § 27.161 (relating to special requirements for tuberculosis).

(ii) If the local health authority involved is not an LMRO, the local health authority shall consult with and receive approval from the Department prior to taking any action under this subsection.

(b) If a person refuses to comply with an order issued under subsection (a), the Department or local health authority may file a petition in the court of common pleas of the county in which the person is present to commit the person to an appropriate institution designated by the Department or by the local health authority for safekeeping and treatment as specified in subsection (a). Upon the filing of a petition, the court shall, within 24 hours after service of a copy upon the respondent, hold a hearing without a jury to ascertain whether the person named in the petition has refused to submit to treatment. Upon a finding that the person has refused to submit to treatment, the court shall issue an appropriate order.

(c) For the purpose of this section, treatment approved by the Department or by a local health authority may include treatment by an accredited practitioner of a well recognized church or religious denomination which relies on prayer or spiritual means alone for healing, if requirements relating to sanitation, isolation or quarantine are satisfied.

§ 27.88. Isolation and quarantine in appropriate institutions.

(a) When the Department or a local health authority orders a person with or suspected of having a sexually transmitted disease to be isolated or quarantined for the purpose of safekeeping and treatment, it may order that the isolation or quarantine take place in an institution where the person's movement is physically restricted.

(b) The Department or the local health authority shall reimburse an institution which accepts the person at the rate of maintenance that prevails in the institution, and shall furnish the necessary medical treatment to the person isolated or quarantined within the institution.

§ 27.89. Examinations for syphilis.

(a) *Prenatal examination for syphilis.*

(1) *Blood sample.*

(i) A physician who attends, treats or examines a pregnant woman for conditions relating to pregnancy during the period of gestation or delivery shall inform the woman that he intends to take or cause to be taken, unless the woman objects, a sample of her blood at the time of the first examination (including the initial visit when a pregnancy test is positive), or within 15 days

after the first examination, and shall submit the sample to a clinical laboratory for an approved test for syphilis.

(ii) A physician shall similarly collect and have tested a sample of the pregnant woman's blood during the third trimester of her pregnancy, in those counties of this Commonwealth where the annual rate of infectious syphilis is at a rate of syphilis occurring in a given population for which the CDC has determined it is cost-effective to require special precautions.

(iii) The Department will publish the list of those counties in which this rate is occurring in the *Pennsylvania Bulletin* as necessary.

(iv) Other persons permitted by law to attend pregnant women, but not permitted by law to take blood samples, shall, unless the woman objects, cause a blood sample to be taken and submitted to a clinical laboratory for an approved test for syphilis.

(v) If the pregnant woman objects, it shall be the duty of the person attending the pregnant woman and seeking to have the woman give a blood sample to explain to her the desirability of the test.

(2) *Charge for test.* The serological test required by paragraph (1) will be made without charge, by the Department, upon the request of the physician submitting the blood sample and the submission of a certificate by the physician that the patient is unable to pay.

(b) *Examination for syphilis in mother of newborn.* A test for syphilis shall be done, unless the mother objects, on the blood of the mother of every newborn delivered in those counties of this Commonwealth where the annual rate of infectious syphilis is at a rate of syphilis occurring in a given population for which the CDC has determined it is cost-effective to require special precautions.

(1) The Department will publish the list of counties in which this rate is occurring in the *Pennsylvania Bulletin* as necessary.

(2) The results of the test shall be recorded both in the mother's medical record and in the newborn's medical record prior to discharge.

(c) *Examination for syphilis in mother of stillborn.*

(i) A test for syphilis shall be done, unless the mother objects, on the blood of the mother of every stillborn child delivered in those counties of this Commonwealth where the annual rate of infectious syphilis is at a rate of syphilis occurring in a given population for which the CDC has determined it is cost-effective to require special precautions.

(ii) The Department will publish the list of counties in which this rate is occurring in the *Pennsylvania Bulletin* as necessary.

(iii) The Department will be responsible for alerting physicians about this standard.

(iv) The blood shall be collected within 2 hours after delivery and the result entered into the mother's medical record prior to discharge. See also, § 27.95 (relating to reporting syphilis examination information for births and fetal deaths).

§§ 27.90—27.94. (Reserved).

§ 27.95. Reporting syphilis examination information for births and fetal deaths.

In reporting a birth or fetal death, physicians and others required to make the reports shall state in the medical record whether or not the blood tests required by

§ 27.89(b) (relating to examinations for syphilis) were made. If a test was made, the date of the test shall be given, and if a test was not made, the reason the test was not made shall be given.

§ 27.96. Diagnostic tests for sexually transmitted diseases.

(a) When testing for a sexually transmitted disease is required by the act or this chapter, the test used shall be a test approved by the Food and Drug Administration, and if a laboratory test is part of the approved procedure, it shall be conducted in a clinical laboratory approved by the Department to perform the test.

(b) The diagnostic tests that have been approved to test for each sexually transmitted disease may be ascertained by contacting the Division of Clinical Microbiology, Bureau of Laboratories.

§ 27.97. Treatment of minors.

A person under 21 years of age may give consent for medical and other health services to determine the presence of or to treat a sexually transmitted disease and any other reportable disease, infection or condition. If the minor consents to undergo diagnosis or treatment, approval or consent of another person is not necessary. The physician may not be sued or held liable for implementing appropriate diagnostic measures or administering appropriate treatment to the minor if the minor has consented to the procedures or treatment.

§ 27.98. Prophylactic treatment of newborns.

(a) Physicians and midwives attending women in childbirth shall instill in each eye of the newborn child, as soon as practicable after birth, either a 1% silver nitrate solution, or erythromycin ophthalmic ointment or solution as a single application in both conjunctival sacs, or appropriate medication approved by the Department.

(b) If the parent or guardian of the newborn child objects on the ground that the prophylactic treatment conflicts with the parent's or guardian's religious beliefs or practices, or if in the opinion of the attending physician treatment is not advisable, prophylactic treatment shall be withheld.

(c) An entry in the child's hospital record indicating the reason for withholding treatment shall be made and signed by the attending physician and the parent or guardian.

§ 27.99. Prenatal examination for hepatitis B.

(a) A physician who attends, treats or examines a pregnant woman for conditions relating to pregnancy during the period of gestation or delivery, shall inform the woman that the physician intends to take or cause to be taken, unless the woman objects, a sample of her blood at the time of the first examination (including the initial visit when a pregnancy test is positive) or within 15 days thereafter, but no later than the time of delivery, and shall submit the sample to a clinical laboratory approved by the Department to conduct immunologic testing.

(b) When a pregnant woman tests positive for hepatitis B surface antigen, a physician shall provide the appropriate prophylactic treatment to the newborn within 12 hours after birth. If the parent or guardian of the newborn child objects on the ground that the prophylactic treatment conflicts with the parent's or guardian's religious beliefs or practices, prophylactic treatment shall be withheld, and an entry in the child's hospital record indicating the reason for withholding treatment shall be made and signed by the attending physician and the parent or guardian.

Subchapter E. SELECTED PROCEDURES FOR PREVENTING DISEASE TRANSMISSION

§§ 27.101—27.146. (Reserved).

§ 27.151. Restrictions on the donation of blood, blood products, tissue, sperm and ova.

(a) A person known to be, or suspected of being, infected with the causative agent of a reportable disease is not allowed to donate blood, blood products, tissue, sperm or ova for use in other human beings.

(1) In addition, a person or entity may not accept any of these materials from a person known to be, or suspected of being, infected with the causative agent of a reportable disease for donation without obtaining laboratory evidence showing the absence of hepatitis B, hepatitis C, HIV or other diseases and infections, which the Department may specify by placing a notice in the *Pennsylvania Bulletin*.

(2) The list of additional diseases and conditions will not remain in effect for more than 90 days after publication unless the Board acts to affirm it within that 90-day period.

(b) The only exception to a person or entity accepting donations without obtaining laboratory evidence showing the absence of diseases and infections designated by the Department is when the delay that would be necessary to properly test the blood of the donor would threaten the recipient's survival.

§ 27.152. Investigation of cases and outbreaks.

(a) The Department or a local health authority may investigate any case or outbreak of disease judged by the Department or local health authority to be a potential threat to the public health.

(b) A person may not interfere with or obstruct a representative of the Department or a local health authority who seeks to enter a house, health care facility, building or other premises to carry out an investigation of a case or outbreak, if the representative presents documentation to establish that he is an authorized representative of the Department or the local health authority.

(c) In the course of conducting an investigation of a case or outbreak, the authorized representative of the Department or local health authority may conduct a confidential review of medical records. A person may not interfere with or obstruct this review.

§ 27.153. Restrictions on food handlers.

A person with the following diseases or conditions may not work as a food handler, see, also, 3 Pa.C.S. Chapter 65 (relating to the Food Employee Certification Act) and 7 Pa. Code §§ 78.41—78.43 (relating to health and disease control of employees), except as follows:

(1) *Amebiasis*. Until the etiologic organism is eradicated as proven by two consecutive negative stool specimens, obtained at least 24 hours apart, as verified by a physician. If antiparasitic treatment has been given, the specimens may not be collected sooner than 48 hours after treatment was completed. See § 27.156 (relating to the special requirements for amebiasis).

(2) *Enterohemorrhagic E. coli*. Until the etiologic organism is eradicated as proven by two consecutive negative stool specimens, obtained at least 24 hours apart, as verified by a physician. If antibacterial treatment has been given, the specimens may not be collected sooner

than 48 hours after treatment was completed. See § 27.157 (relating to the special requirements for enterohemorrhagic *E. coli*).

(3) *Shigellosis*. Until the etiologic organism is eradicated as proven by two consecutive negative stool specimens, obtained at least 24 hours apart, as verified by a physician. If antibacterial treatment has been given, the specimens may not be collected sooner than 48 hours after treatment was completed. See § 27.158 (relating to the special requirements for shigellosis).

(4) *Typhoid fever or paratyphoid fever*. Until the etiologic organism has been eradicated as proven by three negative successive stool specimens collected at intervals of at least 24 hours nor earlier than 48 hours after receiving the last dose of a chemotherapeutic drug effective against *Salmonella typhi* or *paratyphi*, and no earlier than 1 month after onset. See § 27.159 (relating to the special requirements for typhoid and paratyphoid fever).

(5) *Hepatitis A, viral hepatitis, or jaundice of unspecified etiology*. Until 1 week following the onset of jaundice, or 2 weeks following symptom onset or IgM antibody positivity if jaundice is not present, as verified by a physician.

(6) *Persistent diarrhea*. Until resolved or judged to be noninfective by a physician.

§ 27.154. Restrictions on caregivers in a child care group setting.

A person with the following diseases or conditions may not work as a care giver in a child care group setting if the caregiver attends or works in a capacity which requires direct contact with children except as follows:

(1) *Amebiasis*. Until the etiologic organism is eradicated as proven by two consecutive negative stool specimens, obtained at least 24 hours apart, as verified by a physician. If antibacterial treatment has been given the specimens may not be collected sooner than 48 hours after treatment was completed. See § 27.156 (relating to the special requirements for amebiasis).

(2) *Enterohemorrhagic E. coli*. Until the etiologic organism is eradicated as proven by two consecutive negative stool specimens, obtained at least 24 hours apart, as verified by a physician. If antibacterial treatment has been given, the specimens may not be collected sooner than 48 hours after treatment was completed. See § 27.157 (relating to the special requirements for enterohemorrhagic *E. coli*).

(3) *Shigellosis*. Until the etiologic organism is eradicated as proven by two consecutive negative stool specimens, obtained at least 24 hours apart, as verified by a physician. If antibacterial treatment has been given the specimens may not be collected sooner than 48 hours after treatment was completed. See § 27.158 (relating to the special requirements for shigellosis).

(4) *Typhoid fever or paratyphoid fever*. Until the etiologic organism is eradicated as proven by three negative successive stool specimens collected at intervals of no less than 24 hours nor earlier than 48 hours after receiving the last dose of a chemotherapeutic drug effective against *Salmonella typhi* or *paratyphi*, and no earlier than 1 month after onset. See § 27.159 (relating to the special requirements for typhoid and paratyphoid fever).

(5) *Hepatitis A, viral hepatitis or jaundice of unspecified etiology*. Until 1 week following the onset of jaundice, or 2 weeks following symptom onset or IgM antibody positivity if jaundice is not present, as verified by a physician.

(6) *Persistent diarrhea*. Until resolved or judged to be noninfective by a physician.

§ 27.155. Restrictions on health care practitioners.

Persons with the following diseases or conditions may not work as health care practitioners who provide direct patient care:

(1) *Amebiasis*. Until the etiologic organism is eradicated as proven by two consecutive negative stool specimens, obtained at least 24 hours apart, as verified by a physician. If antiparasitic treatment has been given, the specimens may not be collected sooner than 48 hours after treatment was completed. See § 27.156 (relating to the special requirements for amebiasis).

(2) *Enterohemorrhagic E. coli*. Until the etiologic organism is eradicated as proven by two consecutive negative stool specimens, obtained at least 24 hours apart, as verified by a physician. If antibacterial treatment has been given, the specimens may not be collected sooner than 48 hours after treatment was completed. See § 27.157 (relating to the special requirements for enterohemorrhagic *E. coli*).

(3) *Shigellosis*. Until the etiologic organism is eradicated as proven by two consecutive negative stool specimens, obtained at least 24 hours apart, as verified by a physician. If antibacterial treatment has been given the specimens may not be collected sooner than 48 hours after treatment was completed. See § 27.158 (relating to the special requirements for shigellosis).

(4) *Typhoid fever or paratyphoid fever*. Until the etiologic organism is eradicated as proven by three negative successive stool specimens collected at intervals of no less than 24 hours nor earlier than 48 hours after receiving the last dose of a chemotherapeutic drug effective against *Salmonella typhi* or *paratyphi*, and no earlier than 1 month after onset. See § 27.159 (relating to the special requirements for typhoid or paratyphoid fever).

(5) *Hepatitis A, viral hepatitis or jaundice of unspecified etiology*. Until 1 week following the onset of jaundice, or 2 weeks following symptom onset or IgM antibody positivity if jaundice is not present, as verified by a physician.

(6) *Persistent diarrhea*. Until resolved or judged to be noninfective by a physician.

§ 27.156. Special requirements for amebiasis.

A household contact of a case of amebiasis who prepares or serves food for public consumption, who attends or works in a child care group setting in a capacity which requires contact with children, or who provides direct patient care shall be required to cease work until the contact has submitted two consecutive stool specimens, taken at least 24 hours apart and at least 48 hours after the last dose of any antiparasitic therapy, to an appropriate clinical laboratory for bacteriologic examination and those specimens are determined by the laboratory to be negative for *Entamoeba histolytica*.

§ 27.157. Special requirements for enterohemorrhagic *E. coli*.

A household contact of a case of enterohemorrhagic *E. coli*, who prepares or serves food for public consumption, who attends or works in a child care group setting in a capacity which requires contact with children, or who provides direct patient care shall be required to cease work until the contact has submitted two consecutive stool specimens, taken at least 24 hours apart and at least 48 hours after the last dose of any antimicrobial

therapy, to an appropriate clinical laboratory for bacteriologic examination and those specimens are determined by the laboratory to be negative for enterohemorrhagic *E. coli*.

§ 27.158. Special requirements for shigellosis.

A household contact of a case of shigellosis, who prepares or serves food for public consumption, who attends or works in a child care group setting in a capacity which requires contact with children, or who provides direct patient care shall be required to cease work until the contact has submitted two consecutive stool specimens, taken at least 24 hours apart and at least 48 hours after the last dose of any antimicrobial therapy, to an appropriate clinical laboratory for bacteriologic examination and the specimens are determined by the laboratory to be negative for shigella.

§ 27.159. Special requirements for typhoid and paratyphoid fever.

(a) An asymptomatic household contact of a case of typhoid fever or paratyphoid fever who prepares or serves food for public consumption, who attends or works in a child care group setting in a capacity which requires contact with children, or who provides direct patient care shall be required to cease work until the contact has submitted two stool specimens, taken at least 24 hours apart, to an appropriate clinical laboratory for bacteriologic examination and those specimens are determined by the laboratory to be negative for *Salmonella typhi* or *Salmonella paratyphi*.

(b) A symptomatic household contact of a case of typhoid or paratyphoid fever who prepares or serves food for public consumption, who attends or works in a child care group setting in a capacity which involves contact with children, or who provides direct patient care shall be required to cease work until bacteriologic examination of three consecutive stool specimens, taken at least 24 hours apart and no sooner than 48 hours after any microbial therapy, and no earlier than 1 month after onset, are reported as negative.

(c) A chronic carrier of typhoid or paratyphoid fever shall be excluded from preparing or serving food for public consumption, attending or working in a child care group setting in a capacity which involves contact with children, and providing direct patient care, until three consecutive negative fecal cultures are obtained from specimens taken at least 1 month apart and at least 48 hours after antibiotic therapy has stopped.

§ 27.160. Special requirements for measles.

(a) *Isolation.* An infected person shall be restricted to the premises for 4 days after the appearance of the rash.

(b) *Quarantine.* Whenever measles is determined to be present in a school or child care group setting population, the Department or a local health department may do the following:

(1) Ascertain which children and staff persons are presumed susceptibles. A presumed susceptible is a person who fits into all of the following categories:

(i) Presents no history of two doses of measles vaccination, separated by at least 1 month, while 12 months of age or older.

(ii) Does not demonstrate serological evidence of measles immunity. The serological evidence is the presence of antibody to measles determined by the hemagglutination inhibition test or a comparable test.

(iii) Was born after December 31, 1956.

(2) Order exclusion from the school or child care group setting of presumed susceptible children and staff persons who do not present evidence of having received measles vaccination within 30 days prior to the outbreak. Exclusion shall continue until the excluded persons prove they do not meet the exclusion criteria in paragraph (1), they receive a measles vaccination, or no case of measles has occurred for a 14-day period.

§ 27.161. Special requirements for tuberculosis.

(a) *Isolation.* A person suspected of having tuberculosis in its communicable stage shall be isolated in the following manner:

(1) Isolation for tuberculosis shall be established at the usual residence of the person suffering from tuberculosis whenever facilities for adequate isolation of the infectious person are available at the residence, if the person will accept the isolation. Isolation of a person treated at a residence shall include instruction in the need to cover the mouth and nose when coughing and sneezing, and careful handling and disposal of sputum.

(2) If isolation for tuberculosis cannot be accomplished or maintained at the usual residence of the person and whenever, in the opinion of the Department or local health authority, the person is a health threat to others, by reason of the person's habits, neglect of treatment or noncompliance with the measures designed to protect others from infection, the isolation shall be enforced by following the procedures in § 27.87 (relating to refusal to submit to treatment for communicable diseases).

(i) Isolation of a person treated in an appropriate institution shall be in accordance with *CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Facilities* and any updates thereto as approved by the Board.

(ii) The Department will publish notice in the *Pennsylvania Bulletin* of updates of this publication within 30 days after Board approval is obtained.

(b) *Handling of contacts.* A human household contact or other close human contact shall be required to have a Mantoux tuberculin test or chest X-ray, or both. A close human contact means a person who spends a substantial amount of time with a person who has infectious tuberculosis. If the person refuses, enforcement shall be accomplished as designated in §§ 27.82 and 27.83 (relating to request to submit to examination; and court ordered examinations). If evidence of tuberculosis in contacts is found on chest X-rays or by symptoms, laboratory studies shall be conducted to determine if the contacts represent a public health threat.

§ 27.162. Special requirements for animal bites.

Except as may be otherwise required by the Dog Law (3 P. S. §§ 459-101—459-1205) and regulations promulgated by the Department of Agriculture in 7 Pa. Code Chapters 21, 23, 25 and 27 quarantine of a biting animal shall conform to the following:

(1) When an animal bites or otherwise potentially exposes a human to rabies, the Department or local health authority shall, after the case of an animal bite is reported, determine whether the animal shall be immediately destroyed and its head submitted to one of the State or county diagnostic laboratories for a rabies examination or whether some other action shall be pursued.

(2) Notwithstanding paragraph (1), when a healthy dog or cat bites or otherwise potentially exposes a human to rabies, the dog or cat shall be quarantined in a place and

manner approved by the Department or the local health officer for 10 days after the date of the bite, unless the Department or local health officer directs otherwise.

(3) If a quarantine is imposed, the Department or the local health officer may order the owner or custodian of a biting animal to have the animal examined for symptoms of rabies during the quarantine period by a veterinarian licensed by the State Board of Veterinary Medicine. The cost of the examinations and other associated costs shall be borne by the owner or custodian of the biting animal.

§ 27.163. Special requirements for psittacosis.

A quarantine is not required for household contacts of a bird that is a carrier of psittacosis. However, parts of any buildings that housed birds infected with psittacosis may not be used by human beings until thoroughly cleaned and disinfected.

§ 27.164. Special requirements for close contacts of cases of plague, pharyngitis or pneumonia.

A close contact of any person or animal that is diagnosed as having plague (*Yersinia pestis*) pharyngitis, or pneumonia shall be provided chemoprophylaxis and placed under surveillance for 7 days.

**Subchapter F. MISCELLANEOUS PROVISIONS
PSITTACOSIS**

§ 27.181. Records of the sale, purchase or exchange of psittacine birds.

A dealer who purchases, sells, exchanges or gives away a bird of the psittacine family shall keep a record for 2 years of each transaction. This record shall include the number of birds purchased, sold, exchanged or given away, the date of the transaction, and the name and address of the person from whom purchased, to whom sold or given away, or with whom exchanged. Records shall be available for official inspection.

§ 27.183. Occurrence of psittacosis.

(a) The occurrence of a case of psittacosis in the human or avian family shall be cause for the LMRO to make an epidemiologic investigation to determine the source of infection.

(b) Psittacine birds or other birds found on the same premises with a case of human or avian psittacosis shall be quarantined and treated, or destroyed, as prescribed by the Department or local health authority. Aviaries, pet shops or other sources from which the birds were procured shall be quarantined until the quarantine is terminated by the Department or local health authority. If quarantine is not maintained, the Department or local health authority may seize and destroy the birds for which quarantine was ordered. The Department or local health authority shall destroy the bodies of the birds in a manner which will preclude, insofar as possible, the dissemination of the suspected infecting organism.

(c) A bird with psittacosis that has been placed under quarantine may not be sold or removed from isolation until it has been treated for at least 7 days. After 7 days, the bird may be sold, but the seller shall make the buyer aware in writing of the significance of psittacosis and the signs and symptoms for which to look. The signed receipt shall include a copy of any documents provided to the new owner, and shall be maintained at the place of sale for 6 months after the sale of the quarantined bird. The duration of additional treatment necessary shall be established at the time of sale and the seller shall inform the new owner of the duration of the additional treatment.

The seller shall supply the new owner with a supply of medicated feed sufficient for the duration of the treatment.

§ 27.184. (Reserved).

IMPORTATION OF ANIMALS AND ANIMAL PRODUCTS

§ 27.191. Importation of animals and animal products during a public health emergency.

In the event of a public health emergency, the Department may direct the following procedures for the importation of animals or animal products:

(1) *Permit required.* The Department may designate a specific type of animal or animal product which may not be brought or transported into this Commonwealth unless that animal or animal product is accompanied by a permit issued by the Department or other agency authorized by the Department to issue permits.

(2) *Issuance of permits.* A permit will be issued upon request if the source of the animal or animal product is established to the satisfaction of the Department or its agent and that source is known to be free of infection.

(3) *Destruction of animals and animal products.* If the animal or animal product is not accompanied by a permit or if the source is not the same as that set forth in the permit, the animal or animal product shall be immediately seized and destroyed and the means of conveyance disinfected at the expense of the owner.

§ 27.192. Importation and sale of live turtles.

A live turtle may not be sold or distributed or offered for sale or distribution within this Commonwealth except when the seller or distributor of the turtles shall warrant to the satisfaction of the Department that the shipment of turtles is free from salmonella contamination. The Department may waive the requirements of this section for live turtles sold or distributed within this Commonwealth for the purposes of research, other zoological purposes or for food.

DISPOSITION OF EFFECTS AND REMAINS OF INFECTED PERSONS

§ 27.201. Disposition of articles exposed to contamination.

A person may not give, lend, sell, transmit or expose, without previous cleaning and a certificate from the Department or local health authority attesting to the cleaning of bedding, clothing, rags or other articles which have been exposed to contamination from bubonic plague, smallpox (variola, varioloid) or anthrax, except when the transmission of the articles is made with proper precaution and with the permission of the Department or local health authority for the purpose of having them cleaned.

§ 27.202. Lease of premises occupied by a person with a communicable disease.

A person may not rent a room, house or part of a house in which there has been a person suffering from a communicable disease to another person without having the room, house or part of a house and articles therein previously cleaned to the satisfaction of the Department or local health authority prior to occupancy. The keeping of a hotel, boarding house or an apartment house shall be deemed as renting part of a house to a person who shall be admitted as a guest into the hotel, boarding house or apartment house.

§ 27.204. Funeral services.

Services held in connection with the funeral of a person who has died with a disease for which isolation or quarantine is required, shall be private when so ordered by the Department or local health authority having jurisdiction in the area in which the services shall be held. When the local health authority is not an LMRO, the local health authority shall consult with and receive the approval of the Department prior to making the order. The attendance at private funerals shall include only the immediate relatives of the deceased and the necessary number of pallbearers.

§ 27.205. (Reserved).

PART IV. HEALTH FACILITIES

Subpart C. LONG-TERM CARE FACILITIES

**CHAPTER 211. PROGRAM STANDARDS FOR
LONG-TERM CARE NURSING FACILITIES**

§ 211.1. Reportable diseases.

(a) When a resident develops a reportable disease, the administrator shall report the information to the appro-

priate health agencies and appropriate Division of Nursing Care Facilities field office. Reportable diseases, infections and conditions are listed in § 27.21a (relating to reporting of cases by health care practitioners and health care facilities).

(b) Cases of scabies and lice shall be reported to the appropriate Division of Nursing Care Facilities field office.

(c) Significant nosocomial outbreaks, as determined by the facility's medical director, Methicillin Resistant Staphylococcus Aureus (MRSA), Vancomycin-Resistant Staphylococcus Aureus (VRSA), Vancomycin-Resistant Enterococci (VRE) and Vancomycin-Resistant Staphylococcus Epidermidis (VRSE) shall be reported to the appropriate Division of Nursing Care Facilities field office.

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NOTICES

DEPARTMENT OF HEALTH

Immunization Practices for Children in Child Care Group Settings

In accordance with 28 Pa. Code § 27.77(c) (relating to immunization requirements for children in child care group settings), the Department of Health (Department) is publishing a list of Morbidity and Mortality Weekly Report (MMWR) publications that contain the Advisory Committee on Immunization Practices (ACIP) recommendations that meet the standards of 28 Pa. Code § 27.77(c). Children in child care group settings as defined by 28 Pa. Code § 27.77(c) are required to be immunized in accordance with the recommendations included in the following publications:

"General Recommendations on Immunizations," MMWR, January 28, 1994/Vol. 43/No. RR-1, pages 1-38.

"Diphtheria, Tetanus, and Pertussis: Recommendations for Vaccine Use and Other Preventive Measures," MMWR, August 8, 1991/Vol. 40/No. RR-10, pages 1-28, with the exception of materials relating to Diphtheria Antitoxin.

"Haemophilus b Conjugate Vaccines for Prevention of Haemophilus influenzae type b Disease Among Infants and Children Two Months of Age and Older," MMWR, January 11, 1991/Vol. 40/No. RR-1, pages 1-7.

"Recommendations for the use of Haemophilus b Conjugate Vaccines and a Combined Diphtheria, Tetanus, Pertussis, and Haemophilus b Vaccine," MMWR, September 17, 1993/Vol. 42/No. RR-13, pages 1-15.

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"Prevention of Varicella," MMWR, July 12, 1996/Vol. 45/No. RR-11, pages 1-25.

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"Prevention of Varicella Updated," MMWR, May 28, 1999/Vol. 48/No. RR-6.

"Prevention of Hepatitis A Through Active or Passive Immunization," MMWR, October 1, 1999/Vol. 48/No. RR-12.

"Poliomyelitis Prevention in the United States," MMWR, May 19, 2000/Vol. 49/No. RR-5.

"Preventing Pneumococcal Disease Among Infants and Young Children," MMWR, October 6, 2000/Vol. 49/No. RR-9.

"Use of Diphtheria Toxoid-Tetanus Toxoid-Acellular Pertussis Vaccine as a Five-Dose Series," MMWR, November 17, 2000/Vol. 39/No. 13.

"Prevention and Control of Influenza," MMWR, April 20, 2001/Vol. 50/No. RR-4.

Persons with a disability who require an alternative format of this notice (for example, large print, audiotape, Braille), should contact Alice Gray, Director, Division of Immunization, Department of Health, P. O. Box 90, Harrisburg, PA 17108-0090, (717) 787-5681 or at V/TT: (717) 783-6154 for speech and/or hearing impaired persons or the Pennsylvania AT&T Relay Service at (800) 654-5984 [TT].

ROBERT S. ZIMMERMAN, Jr.,
Secretary

(*Editor's Note:* For the text of a final-form rulemaking relating to this notice, see 32 Pa.B. 491 (January 26, 2002).)

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